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ANNUAL REPORT

ON THE

HEALTH

OF THE

CITY OF SHEFFIELD

1959



LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.,

Medical Officer of Health





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For the year 1959

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.,
Medical Officer of Health

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CITY OF SHEFFIELD

HEALTH COMMITTEE

as at 31st December, 1959

THE LORD MAYOR :

(Alderman A. V. WOLSTENHOLME, J.P.)

Chairman : Alderman Mrs. P. SHEARD, B.A., J.P.

Deputy-Chairman : Councillor J. PATE, J.P.

Alderman Mrs. A. IVES, J.P.

„ H. SLACK, M.B.E.

„ Mrs. G. TEBBUTT, J.P.

Councillor G. ARMITAGE

„ R. B. ASHMORE

„ N. BENTLEY

„ Mrs. V. BOYD

„ Mrs. F. M. GATHERCOLE

„ H. S. GENT

„ Mrs. W. M. GOLDING

Councillor H. C. HOLMES

„ T. W. LAMBERT

„ Miss J. MELLORS

„ E. SCOTT

„ G. W. SHARPE

„ C. SIMMS

„ F. STATON

„ R. VINER

„ A. WOOD

SUB-COMMITTEES

General Sub-Committee

Chairman : Alderman Mrs. P. SHEARD

Alderman Mrs. G. TEBBUTT

Councillor G. ARMITAGE

„ N. BENTLEY

„ Mrs. V. BOYD

„ Mrs. F. M. GATHERCOLE

Councillor H. S. GENT

„ H. C. HOLMES

„ J. PATE

„ E. SCOTT

„ F. STATON

Maternal, Infant and Nursing Welfare Sub-Committee

Chairman : Councillor Mrs. W. M. GOLDING

Alderman Mrs. A. IVES

„ Mrs. G. TEBBUTT

Councillor R. B. ASHMORE

„ Mrs. F. M. GATHERCOLE

„ H. S. GENT

Councillor Miss J. MELLORS

„ C. SIMMS

„ R. VINER

„ A. WOOD

Mental Health Sub-Committee

Chairman : Councillor J. PATE

Alderman Mrs. A. IVES

Councillor G. ARMITAGE

„ Mrs. F. M. GATHERCOLE

„ H. S. GENT

Councillor T. W. LAMBERT

„ G. W. SHARPE

„ R. VINER

„ A. WOOD

Disabled Persons Welfare Sub-Committee

Chairman : Councillor E. SCOTT

Alderman Mrs. G. TEBBUTT	Councillor Miss J. MELLORS
Councillor N. BENTLEY	„ J. PATE
„ Mrs. V. BOYD	„ G. W. SHARPE
„ H. C. HOLMES	„ F. STATON
„ T. W. LAMBERT	

Special, Staffing, etc., Sub-Committee

Chairman : Alderman Mrs. P. SHEARD

Alderman Mrs. A. IVES	Councillor H. S. GENT
„ H. SLACK	„ J. PATE
„ Mrs. G. TEBBUTT	„ R. VINER

REPRESENTATIVES ON OTHER BODIES, Etc.

Joint Committee—Welfare of the Blind Department and Royal Sheffield Institution

Councillor H. C. HOLMES	Councillor G. W. SHARPE
„ E. SCOTT	

North Eastern Federation of Members of the Queen's Institute of District Nursing

Councillor Mrs. V. BOYD	Councillor H. S. GENT
„ Mrs. F. M. GATHERCOLE	

Sheffield Standing Committee on Juvenile Delinquency

Alderman Mrs. P. SHEARD

Sheffield Voluntary Association for Mental Health

Councillor J. PATE


Sheffield and District Clean Air Committee

Alderman Mrs. P. SHEARD	Councillor G. S. GOODENOUGH
„ H. SLACK	„ Mrs. G. GRAHAM, M.B.E.
Councillor H. S. GENT	„ J. PATE

REPRESENTATIVES OF LOCAL HEALTH AUTHORITY ON OTHER BODIES

National Health Service Act, 1946—Executive Council for the City of Sheffield

Alderman C. W. GASCOIGNE, C.B.E., B.E.M.	Councillor G. ARMITAGE
„ Mrs. P. SHEARD	„ H. S. GENT
„ H. SLACK	„ T. W. LAMBERT
„ Mrs. G. TEBBUTT	„ J. PATE



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PUBLIC HEALTH STAFF

AT 1st APRIL, 1960

MEDICAL STAFF

Medical Officer of Health :

LLYWELYN ROBERTS, M.D., M.R.C.P., D.P.H.

Deputy Medical Officer of Health :

C. H. SHAW, M.D., D.P.H., D.P.A.

Maternity and Child Welfare—

Senior Assistant M. and C. W. Medical Officer

Assistant M. and C. W. Medical Officers —

ANN KIRK BLACK, M.B., ch.B.

CATHERINE H. WRIGHT, M.B., ch.B.,
D.P.H.

KAZIMIERA H. TLUSTY, M.D., D.C.H.

MARION E. JEPSON, M.B., ch.B.,
D.C.H.

*Assistant M. and C. W. and School Medical
Officers* —

KATHLEEN M. LUMB, M.B., ch.B.,
D.P.H., D.C.H., D.R.C.O.G.

R. E. BROWNE, M.R.C.S., L.R.C.P.,
D.P.H.

*Assistant M. and C. W. Medical Officers (Part
time)* —

C. R. OYLER, M.R.C.S., L.R.C.P.

R. D. DOWNIE, M.B., ch.B.

BARBARA S. GORDON, M.B., ch.B.

MARJORIE H. E. FLOWERDAY,
M.B., ch.B., D.R.C.O.G.

RAY G. GRAHAM, B.A., M.B., B.Ch.,
B.A.O., L.M.

SHELAGH TYRRELL, M.B., ch.B.,
D.C.H.

JEAN A. PETTIGREW, M.R.C.S.,
L.R.C.P.

KATHLEEN M. HAWKINS, M.B.,
ch.B.

HAIDRI L. HALL, M.B., ch.B.

GLADYS C. PAPWORTH, M.R.C.S.,
L.R.C.P.

F. W. LEIGH, M.B., ch.B.

K. J. HAYES, M.R.C.S., L.R.C.P.

P. W. O'BRIEN, M.B., ch.B.

SYLVIA WOODBRIDGE, M.B., B.S.,
M.R.C.S., L.R.C.P.

ANNA McCARTHY, M.B., ch.B.

DAPHNE HALLWOOD, M.B., ch.B.

L. P. DE ABREW, M.R.C.S., L.R.C.P.

ELIZABETH HERVEY, M.B., B.S.

R. H. MATHEWS, M.B., ch.B.

MORAG McDONALD, M.B., ch.B.,
D.R.C.O.G.

CYNTHIA M. ILLINGWORTH, M.B.,
B.S., M.R.C.P.

JILL M. TATTERSALL, M.B., ch.B.,
D.C.H., D.R.C.O.G.

W. J. CLANCY, M.B., B.Ch., B.A.O.,
M.R.C.O.G.

**Orthopaedic Specialist (Honorary)* — —

E. G. HERZOG, M.B., B.S., M.R.C.S.,
L.R.C.P.

**Honorary Consultant and Adviser
on Pediatrics* — —

R. S. ILLINGWORTH, M.D., F.R.C.P.,
D.P.H., D.C.H., Professor in Child
Health at Sheffield University

Mental Health Service—

**Honorary Consultant* — — — —

F. J. S. ESHER, M.B., ch.B., M.R.C.S.,
L.R.C.P., D.P.M., F.B.P.S.S.

Consultant (Visiting) — — — —

DOROTHY JOHNSTON, M.B., ch.B.

Prevention of Illness, Care and After-Care—

Senior Assistant Medical Officer — —

JEAN B. PARKER, M.B., ch.B.

**Consultant (Tuberculosis)* — — —

H. MIDGLEY TURNER, M.D., M.R.C.P.,
D.P.H.

* Undertakes part-time duties in this Service in a consultant capacity.

City Analyst — — — —

H. CHILDS, B.Sc., F.R.I.C.

Principal School Dental Officer — —

E. COPESTAKE, L.D.S.

OTHER STAFF

General Administration—

<i>Chief Administrative Assistant</i>	—	—	—	—	—	—	—	W. MORRIS
<i>Senior Administrative Assistant</i>	—	—	—	—	—	—	—	E. WALSHAW
<i>Senior Accountancy Assistant</i>	—	—	—	—	—	—	—	F. GARFITT
<i>Senior Statistical Assistant</i>	—	—	—	—	—	—	—	J. PREECE
<i>Senior Staff Assistant</i>	—	—	—	—	—	—	—	R. N. DRAYCOTT
<i>Correspondence Clerk and M.O.H.'s Secretary</i>	—	—	—	—	—	—	—	Miss H. A. CUTTS

6 Senior Clerks, 12 Clerks, 3 Shorthand Typists, 5 Pupil Public Health Inspectors.

Public Health Inspection Administration—

<i>Senior Administrative Assistant</i>	—	—	—	—	—	—	—	J. R. BINGHAM
<i>Senior Clerical Assistant</i>	—	—	—	—	—	—	—	VACANCY

1 Senior Clerk, 1 Clerk, 1 Senior Shorthand Typist, 5 Shorthand Typists.

General Public Health Inspection—

<i>Superintendent Public Health Inspectors</i>	—	—	C. F. CHALLENGER	H. B. WARD
			F. T. TWELVES	G. ROBINSON
			F. M. COCKCROFT	
<i>Assistant Superintendent Public Health Inspectors</i>	—		J. D. BELL	S. CURTIS
			F. BAINBRIDGE	J. W. BOULTON
			L. MULVEY	

14 Public Health Inspectors, 7 Pupil Public Health Inspectors.

Clearance Area Section—

<i>Superintendent</i>	—	—	—	—	—	—	—	—	W. CURTIS
<i>Assistant Superintendent</i>	—	—	—	—	—	—	—	—	H. GREGORY

3 Public Health Inspectors, 4 Pupil Public Health Inspectors, 1 Senior Clerk, 2 Shorthand Typists

Disinfection, Disinfestation, Transport of Stores, etc.—

<i>Acting Superintendent</i>	·	·	·	·	·	·	·	·	G. BELL
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29 General Assistants.

Food Inspection—

<i>Superintendent Food and Drugs Inspector</i>	—	—	—	—	—	—	—	G. A. KNOWLES
<i>Assistant Superintendent Food and Drugs Inspector</i>	—	—	—	—	—	—	—	R. MOORE

3 Food and Drugs Inspectors.

Meat Inspection—

<i>Superintendent Meat Inspector</i>	—	—	—	—	—	—	—	G. WHITELEY
<i>Assistant Superintendent Meat Inspector</i>	—	—	—	—	—	—	—	C. F. DEAN

3 Meat Detention Officers, 2 Public Health Inspectors (Abattoir), 1 Clerk and 1 General Assistant (part-time)

Smoke Inspection—

<i>Superintendent Smoke Inspector</i>	—	—	—	—	—	—	—	J. W. BATEY
<i>Assistant Superintendent Smoke Inspector</i>	—	—	—	—	—	—	—	VACANCY

3 Smoke Inspectors, 1 Senior Clerk, 1 Clerk, 1 Shorthand Typist, 2 Survey Supervisors, 14 Survey Assistants.

Rodent Control—

1 Foreman, 7 Rodent Operatives, 4 Assistant Rodent Operatives.

Maternity and Child Welfare (Care of Mothers and Young Children), Health Visiting and Midwifery—

<i>Senior Administrative Assistant</i>	—	—	—	—	—	—	—	VACANCY
<i>Chief Clerk</i>	—	—	—	—	—	—	—	Miss D. LEIGHTON

4 Senior Clerks, 28 Clerks, 3 Clerks (part-time), 3 Shorthand Typists, 2 Shorthand Typist Trainees, 31 General Staff (including 17 part-time).

<i>Superintendent Health Visitor</i>	—	—	—	—	—	—	—	Miss I. LITTLEWOOD
<i>Deputy Superintendent Health Visitor</i>	—	—	—	—	—	—	—	MRS. N. HUTHWAITE
<i>Superintendents of Infant Welfare Centres</i>	—		Miss D. A. COOLING		Miss O. B. DE NEUMANN			

36 Health Visitors, 4 Student Health Visitors, 6 Clinic Nurses, 11 Clinic Attendants.

<i>Non-Medical Supervisor of Midwives</i>	—	—	—	—	—	—	—	MRS. G. J. SPEARING
<i>Assistant Non-Medical Supervisor of Midwives</i>	—	—	—	—	—	—	—	Miss W. REDHEAD

46 Midwives directly employed by City Council (including 6 part-time), 3 Domestic staff (including one part-time), 1 Domiciliary Nurse (part-time).

Nurseries—									
<i>Matrons of Nurseries :</i>									
Beet Street	-	-	-	-	-	-	-	-	MRS. S. JONES
Carbrook Welfare Centre	-	-	-	-	-	-	-	-	MRS. D. M. N. DA SILVA
Darnall	-	-	-	-	-	-	-	-	MRS. M. H. SANDERSON
Firth Park	-	-	-	-	-	-	-	-	MRS. M. E. OLLERENSHAW
Meersbrook Park	-	-	-	-	-	-	-	-	MRS. E. A. FEARN
1 Deputy Matron, 22 Staff Nursery Nurses, Enrolled Assistant Nurses, Nursery Assistants 14 Domestic Staff (including 9 part-time).									
Mother and Baby Home—									
Matron	-	-	-	-	-	-	-	-	Miss E. DRIVER
1 Assistant Matron, 2 Domestic and other staff (part-time).									
Domestic Help Service—									
Superintendent Organiser	-	-	-	-	-	-	-	-	Miss D. J. PARKER
4 District Organisers, 1 Senior Clerk, 8 Clerks, 1 Shorthand Typist, 1 Shorthand Typist Trainee, 69 whole-time and 272 part-time Domestic Helps.									
Home Nursing—									
Superintendent	-	-	-	-	-	-	-	-	Miss M. McGONIGLE
Assistant Superintendent	-	-	-	-	-	-	-	-	Miss M. NAGLE
Assistant Superintendents of District Centres	-	-	-	-	-	-	-	-	Miss A. D. HALL, Mrs. C. M. GRIERSON, Miss E. DEWHIRST
35 District Nurses, 11 Student District Nurses, 34 District Nurses (part-time), 1 part-time Assistant, 1 Housekeeper, 3 Domestic and other staff, 10 Domestic and other staff (part-time), 1 Clerk (part-time).									
Vaccination and Immunisation—									
Statistical Records Assistant	-	-	-	-	-	-	-	-	K. BISBY
5 Clerks, 1 Junior Shorthand Typist.									
Ambulance Service and Central Motor Garage—									
Manager	-	-	-	-	-	-	-	-	VACANCY
Assistant Manager	.	.	.	.	.	.	.	.	F. C. KELSEY
1 Senior Clerk, 4 Clerks, 5 Control Room Assistants, 1 Shorthand Typist, 1 Shorthand Typist Trainee, 1 Head Ambulance Driver, 5 Shift Leaders, 51 Drivers (Ambulance) 8 Drivers (Car), 23 Attendants, 8 Garage Staff, 1 Domestic and other staff, 1 Domestic and other staff (part-time).									
Care and After-Care Service—Welfare of other Handicapped Persons—									
Senior Administrative Assistant	-	-	-	-	-	-	-	-	F. McWATT
2 Clerks, 1 Junior Shorthand Typist.									
Co-ordinating Officer	-	-	-	-	-	-	-	-	W. WOOD
5 Assistant Co-ordinating Officers, 1 Occupational Therapist, 1 Domestic and other staff (part-time).									
Welfare of the Deaf—									
Superintendent	-	-	-	-	-	-	-	-	A. J. DEAN
2 Assistants.									
Mental Health Service—									
Administrative Officer	-	-	-	-	-	-	-	-	G. E. B. WHILLOCK
Psychiatric Social Workers	-	-	-	-	-	-	-	-	Miss E. V. JONES, T. A. HAWLEY
1 Senior Clerk, 4 Shorthand Typists, 3 Duly Authorised Officers, 4 Assistant Duly Authorised Officers, 4 Mental Health Visitors.									
The Towers' Occupation Centre—									
Superintendent	-	-	-	-	-	-	-	-	V. H. BAKER
1 Deputy Superintendent, 1 Assistant Superintendent, 5 Supervisors, 3 Domestic and other staff.									
Pitsmoor Road Occupation Centre—									
Superintendent	-	-	-	-	-	-	-	-	MRS. C. WILDE
3 Supervisors, 2 Assistant Supervisors (qualified), 4 Assistant Supervisors (unqualified), 2 Domestic and other staff.									
Cradock Road Centre—									
Supervisor (Qualified)	-	-	-	-	-	-	-	-	Miss K. E. BENNETT
1 Senior Assistant Supervisor, 4 Assistant Supervisors (unqualified), 3 Domestic and other staff (part-time).									
Langsett Road Centre—									
Supervisor (Qualified)	-	-	-	-	-	-	-	-	Mrs. A. BARTON
2 Assistant Supervisors (unqualified), 3 Domestic and other staff (part-time).									
Welfare of the Blind Service—									
Superintendent	-	-	-	-	-	-	-	-	A. J. BAKER
Head Clerk	-	-	-	-	-	-	-	-	Miss E. E. CLARK
2 Senior Clerks, 6 Clerks, 2 Shorthand Typists, 8 Home Teachers, 86 Workshops (including Saleshop) Staff (including 71 blind persons), 4 Domestic and other staff, 6 Domestic and other staff (part-time).									
Health Education Organiser	-	-	-	-	-	-	-	-	F. St. D. ROWNTREE

GENERAL STATISTICS

AREA (at 31st December, 1959)	.. .. .	(acres) 39,598
POPULATION—Census 1951	.. .. .	512,850
Estimate of Registrar General—Home population year 1959		499,400
APPROXIMATE NUMBER OF HOUSES (at 31st December, 1959)	..	162,760
RATEABLE VALUE (1st October, 1959)	.. .. .	£6,572,661
SUM REPRESENTED BY A PENNY RATE (Year 1959-60)	.. ..	£25,382

EXTRACTS FROM VITAL STATISTICS OF THE YEAR 1959

	Males	Females	Total		
LIVE BIRTHS—					
Legitimate	.. 3,651	3,681	7,332	} Birth Rate <i>per</i> 1,000 <i>of population</i>	15·4
Illegitimate	.. 193	184	377		
Totals	.. 3,844	3,865	7,709		
Illegitimate live births per cent. of total live births			..	.. .. .	4·9
STILLBIRTHS	.. 82	80	162	Rate <i>per</i> 1,000 <i>total</i> <i>(live and still) births</i>	20·6
TOTAL LIVE AND STILL BIRTHS	.. 3,926	3,945	7,871		
DEATHS OF INFANTS UNDER ONE YEAR OF AGE—					
All Infants	.. .. .	Deaths	131	Rate <i>per</i> 1,000 <i>live births</i>	17·0
Legitimate Infants	.. .. .	Deaths	122	Rate <i>per</i> 1,000 <i>legitimate live births</i>	16·6
Illegitimate Infants	.. .. .	Deaths	9	Rate <i>per</i> 1,000 <i>illegitimate live births</i>	23·9
Neonatal Mortality (first four weeks)	.. .. .	Deaths	87	Rate <i>per</i> 1,000 <i>live births</i>	11·3
Early Neonatal Mortality (under 1 week)	.. .. .	Deaths	84	Rate <i>per</i> 1,000 <i>live births</i>	10·9
Perinatal Mortality (stillbirths and deaths under 1 week)	.. .. .	Deaths	246	Rate <i>per</i> 1,000 <i>total</i> <i>(live and still) births</i>	31·3
MATERNAL MORTALITY—					
Puerperal Sepsis and Abortion		Deaths	..	} Rate <i>per</i> 1,000 <i>total (live and</i> <i>still) births</i>	Nil
Other Maternal Mortality	..	Deaths	..		
Total Maternal Mortality	..	Deaths	..		
	Males	Females	Total		
DEATHS (All Causes)	3,059	2,801	5,860	Death Rate <i>per</i> 1,000 <i>of population</i>	11·7
DEATHS FROM CERTAIN CAUSES—					
Tuberculosis of Respiratory System	.. .. .	Deaths	..	} Rate <i>per</i> 1,000 <i>of population</i>	0·13
Other Forms of Tuberculosis	.. .. .	Deaths	..		
Cancer	.. .. .	Deaths	..	Rate <i>per</i> 1,000 <i>of population</i>	2·23

CITY OF SHEFFIELD

Telephone No. 27241

Public Health Department,
Town Hall Chambers.

October, 1960.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

The year under review has on the whole been satisfactory as regards infectious diseases. There have been no deaths in the City from measles, scarlet fever, diphtheria, dysentery, enteric fever, meningococcal infection or poliomyelitis. There is one disease, however, which continues to give concern. Tuberculosis is not declining at the same rate as in some parts of the country. The main incidence falls on the elderly and on the immigrants to this country. Great efforts have been made to use the preventive services and every effort is made to follow-up cases, trace contacts and to get them examined. Among the new notifications the high incidence in the younger age group occurs in certain classes of immigrants. It will be noted also that the search among vagrants has had some success and there has been good co-operation with the Social Care Department in this matter. It will also be noted that contact tracing has had its reward in bringing to light 21 cases and also ensuring protection for 31 more. For those who recall the size of this problem, say 25 years ago (when 332 died of tuberculosis) a year in which deaths from tuberculosis only numbered 63 may seem utopian but it now seems possible to look forward to the eradication of the disease and one irresponsible open case may cause much harm. There has been very intensive follow-up and numbers by themselves give little indication of the amount of work accomplished. The account of this work (p. 77) shows the number of wild goose chases that had to be undertaken—and generally without finding any goose.

Cancer of the lung continues to increase. There is no general apprehension, the public seemingly accepting with equanimity a deadly disease that they could themselves avoid.

The standard of protection against diphtheria, whooping cough and poliomyelitis is high, but there has been little diphtheria for many years in other parts of the country and it is necessary to keep the “herd immunity” at a high level. It is strange that the public demand protection, especially for the children, against infectious diseases but neglect to take simple precautions against other more serious diseases.

On the whole the statistics are satisfactory. The infant death rate is very low and it is unlikely that we can sustain this level.

Maternity and Child Welfare.—There has been a continuous rethinking of the value of this service and no finality came about as a result of the Cranbrook Report. Nothing but good can come of such an investigation. The work of the clinics has developed and there is a general appreciation of the increasing amount of health education now provided. The numbers attending the clinics have been maintained and have even risen in some cases. There is a continuing effort to improve our co-operation with the hospitals and general practitioners.

The analysis of the abnormalities found in the mother examined during pregnancy (p. 19) is an indication of the scope of the work—it is aimed primarily at preventing the mother's death in childbirth, but also at avoiding any ill effects from child bearing—both to the mother and child. Some anæmia is common in the later stages of pregnancy but steps are taken to prevent the gross forms that occur. It is surprising to find no skeletal abnormalities recorded in the mothers ; in a City where the abnormalities in the bones of older women was such a common indication of the malnutrition they had suffered, it is heartening to read that flat rickety pelvis is not found in the younger generation of mothers.

The attendance at the post-natal clinics shows a steady improvement. The response of pregnant women to the opportunities for dental care is, however, disappointing. Here again the public will not accept a preventive service—although it would be very difficult to meet an overwhelming demand in view of the continuing shortage of dentists. The mothers of the children in the occupation centres, where the response to this service has been very high, are to be commended. The results of the investigations into the value of fluoridation are awaited and even if only a part of the benefits claimed were true, fluoridation would make a substantial improvement in the position.

Midwifery.—Following the Guillebaud Committee's opinion that the midwifery services were unco-ordinated this work was also the subject of an enquiry which did not bear this statement out ; the Report further acknowledged that the local authority still had an important part to play. Nevertheless there is a growing public demand for hospital confinement which is particularly difficult to satisfy at a time when the birth rate tends to rise. The women who are confined at home rightly demand a service comparable in its efficiency to that provided in the hospitals, with the result that the work of the domiciliary midwife becomes more exacting and she is also obliged to carry a load of equipment. The co-operation with the general practitioner is good.

The number of home deliveries is no real index of the work of the midwife for, on account of the demand for hospital beds, many women are sent home with their babies early in the puerperium and the domiciliary midwife must accept the care of these mothers.

The Home Nurse continues her unspectacular but rewarding work. She is perhaps the least controversial member of the team. It has, however, been necessary to make some changes. An increasing number of home nurses work from their own homes and Johnson Memorial Home is now the only major administrative centre, although the nurses go to the Manor and Firth Park Centres for their equipment and the calls are funnelled to these two centres from the surrounding areas. Some injections and minor dressings are carried out there, so lessening the number of nursing visits.

Health Visitors.—The role of the health visitor is, on the other hand, becoming more difficult to define. The growing realisation of the inter-relation between health and social conditions leads to an expansion of her sphere. Co-operation with the hospital and the practitioner increases. I wish we could find twice the number of health visitors.

The Domestic Help is also in short supply. There is often no one but the local authority able to meet the dire needs of some old and disabled people. Many of the other services, such as nurses, give assistance, but the domestic help is the most useful when it is a case of providing for physical needs. The problem of organising a cheerful and well intentioned disarray of women into a co-ordinated and purposeful body is no small task. This is especially so when their clients are scattered, lonely and with numerous problems ; the helps often have had little experience apart from their sturdy commonsense in dealing with them. These are difficulties inherent in a service which is seeking to build its own tradition—it is a bigger task than many realise.

The “ Meals on Wheels ” Service has also played an important complementary part. I would like to pay a very sincere tribute to the co-operation between the voluntary workers and their organisers and the health visitors and their Superintendent in successfully launching this valuable scheme.

The Chiropody Service is now a reality but an account of its achievements must await the next report. This service will also be a real boon to the old people. But the care of the aged is a big and increasing task. Support for them in loneliness, in their growing disabilities of mind and body is a task that falls on the community when all else fails. The important thing is to co-ordinate these well intentioned efforts. The voluntary and statutory

bodies will have this problem and opportunity on their hands for many years to come. We must remember that much of our present good fortune is the result of the efforts made in the past by those who now seek our help.

The Day Nurseries continue to provide a useful service although their role is changing ; increasing use is now made of them for assisting handicapped infants or in helping to overcome the social and medical problems that arise in families with young children. Some of the nurseries cater specifically for such children, but it is our intention to take the handicapped infants into the ordinary nurseries whenever possible. For too long we have stressed the handicap and forgotten the larger substratum of normality in the disabled.

The environmental services.—The houses where people live, the food and drink they consume and the air they breathe are essential matters and are the subject of supervision by the Department. It is not always realised how much food is taken daily in the City—cups of tea by the million, loaves and pastries by the hundred thousand, masses of meat and fish, and streams of milk—all of this may be handled many times and thus be subject to contamination. Supervision and care of such a magnitude must obviously be a joint responsibility of the Department and the general public, and is essentially a matter of health education and public relationship. Frequent consultation between the interested parties is necessary and I would particularly like to mention and commend the co-operation between this Department and the Markets Department.

A major preoccupation of the Inspectorate is with the houses of the people ; a rising standard is demanded by the public and sanctioned by the legislature, and this rising standard should rightly be reflected in the houses for a satisfactory home life is the basis and aim of all our efforts. What we now term amenities will shortly be the accepted standards—comfortable warmth, ample hot water, refrigeration, and adequate lighting are the commonsense applications of the possible towards raising of the living standards. The associations—maybe under duress—of the husband with the household chores has been a blessing to the wife in more ways than one.

Areas may be unfit for reasons other than the inadequacy of the basic housing conditions—the sleeping, eating and washing accommodation. The surroundings in which a man lives are larger than the curtilage of his house. The Parks and Town Planning Department make as much a contribution to good living as the Architect who builds, or the Public Health Inspector who condemns. The Smoke Control Section is a potent force in

preventing slums. Clean Air is now demanded as a proper application of modern knowledge to a major social and public health problem. The development of a clean atmosphere has presented the Department with many difficulties but the public appreciation has been very encouraging ; there is still much to do and the caption over this section (p. 160) is particularly applicable to this work.

The progress of the newly developed Health Education Section is described fully. There is need to explain to the public how the Local Authority seeks to implement their desires as expressed in the legislation.

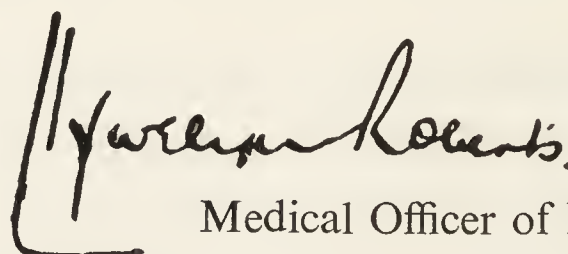
Mental Health.—For some years there has been a preparation for the legislation that will be in force about the time this Report is presented. The Act reflects the enlightened approach of the average man to mental illhealth. Admission to a mental hospital is a common occurrence and few families escape some acquaintance with mental illness. There is a demand for adequate treatment and with our modern knowledge this is becoming increasingly possible. The old Lunacy Act of 1890 was concerned with preventing public and private mischief by the mentally inadequate—at that time there was not the means of doing anything satisfactorily for the patient. The emphasis of the present Act is on proper care for the mentally ill and arranges for the panoply of treatment, welfare and care available under the National Health Service, National Assistance and Disabled Persons Acts, to be freely available and to be developed for the mentally inadequate. What a challenge and what an opportunity !

Disabled Persons.—Associated with the other services there has been developed in Sheffield an extension of the care for the handicapped. This has been one of the happiest experiments, for the Health Committee has in its charge a variety of disabled persons of all ages. The Committee insisted from the beginning that the approach to the problem should be a dynamic one and that the disability should be a handicap to be overcome and not a wall to encompass. This meaning is inherent in the word “welfare”—which originally meant “a good journey”; this should be our attitude to this work.

There are changes in the nature of the problem, particularly seen in the case of the blind. Most of the blind are now in the older age group, although we still have a residue of young blind as a result of our well intentioned effort to save the premature child. But fewer now go to the blind workshops for training in the traditional occupations of the blind. The changing age structure of the blind population accounts for some of this but probably much more results from the better teaching in the schools for the blind, and

the introduction of wireless and talking books, so that the blind now can enjoy some of the normal means of communication and not be restricted, as in the past, to the more stultifying acceptance of Braille as a means of acquiring information. The young blind person is now often reliant enough to face the competition of the unsheltered world for there are more blind in open employment than ever before, and the number approaches that in sheltered employment. We are now hoping to provide a comparable approach for other handicapped persons, including the mentally inadequate. There is much to learn, but a City is judged by the effort it makes to help those who fail to do all they would wish for themselves. Some of the increasing leisure and affluence enjoyed by Society should be used for its less fortunate members.

It now remains for me to thank the many people who have made it possible to write this Report. All Departments of the Corporation have given much assistance and the Chief Officers are really partners in this determined effort to make the City a good place in which to grow up and live ; it is a privilege to be one of the company. I have, of course, a particular debt to members of my staff for they have all worked hard. This Report is my opportunity to display some of their efforts, but there are some whose work has pervaded the whole and who have no specific section to their name. The Committee are the Honorary Board of Directors and to them, and particularly to the Chairman, I express sincere thanks—I hope that this interim dividend is reasonably satisfactory.

A handwritten signature in dark ink, reading "Warren Roberts". The signature is written in a cursive style with a large, stylized initial "W".

Medical Officer of Health.

VITAL STATISTICS

“ *There are many things that we would throw away, if we were not afraid that others might pick them up.*”
—Oscar Wilde (*Picture of Dorian Gray*).

Area.—The total area of the City at 31st December, 1959, was 39,598 acres.

Population.—The Registrar General’s estimate of the home population of the City for the year 1959 was 499,400, and this figure is employed in the calculation of the Birth Rates and Death Rates in this Report.

Live Births.—There were 8,624 live births registered in the City in 1959 and, after making allowances for births transferable inwards and outwards, the figure of net live births was 7,709. The birth rate was 15·4 per 1,000 of the population as against a rate of 15·3 in 1958. The England and Wales rate for 1959 was 16·5 per 1,000. The statement below shows that, apart from a slight check in 1953, the birth rate of the City has steadily declined since the year 1947 until 1956 but that the recent upward trend continued in 1959 when the rate was the highest recorded since 1949. The statement also gives the illegitimacy rates of Sheffield and of England and Wales since the year 1949. It will be seen that of the 7,709 live births in 1959 there were 377 illegitimate births and that the illegitimacy rate was 49 per 1,000 births, the highest since 1945. The average of the illegitimacy rates of the City for the ten years 1949 to 1958 is considerably below that of England and Wales :—

<i>Year</i>	<i>Total Live Births</i>	<i>Birth Rate per 1,000 of Population</i>	<i>Illegitimate Live Births</i>	<i>Illegitimacy Rate per 1,000 Live Births Sheffield</i>	<i>England and Wales</i>
1949	8,087	15·7	282	35	50
1950	7,370	14·3	276	37	49
1951	7,233	14·2	271	37	47
1952	7,005	13·7	227	32	46
1953	7,055	13·9	268	38	46
1954	6,867	13·6	233	34	46
1955	6,756	13·5	257	38	45
1956	7,040	14·1	259	37	46
1957	7,519	15·1	286	38	46
1958	7,656	15·3	339	44	49
Average 1949–58	7,259	14·3	270	37	47
1959	7,709	15·4	377	49	51

Stillbirths.—Stillbirths allocated to the City in 1959, after making allowance for transferable births, numbered 162 and gave a rate of 0·32 per 1,000 of the population, as compared with 0·34 per 1,000 for 1958.

The stillbirths of the City in 1959 also represented a rate of 20·6 per 1,000 total (live and still) births, as compared with 21·8 per 1,000 in 1958 and an England and Wales rate for 1959 of 21·0 per 1,000.

Infant Mortality.—There were 131 deaths of infants under one year of age in 1959, as compared with 160 in 1958. The infant mortality rate was 17·0 per 1,000 live births in 1959 as against 20·9 per 1,000 in 1958. The England and Wales rate for 1959 was 22·2 per 1,000.

In the table which follows are given the infant mortality rates for Sheffield and for England and Wales during the past 20 years. It will be seen that throughout this period the Sheffield rate has compared favourably with the England and Wales rate.

TABLE I.—Infant Mortality, Sheffield and England and Wales, 20 years, 1940 to 1959

<i>Year</i>	<i>Infant Mortality</i>		<i>Year</i>	<i>Infant Mortality</i>	
	<i>Sheffield</i>	<i>England and Wales</i>		<i>Sheffield</i>	<i>England and Wales</i>
1940	55	56	1950	28	30
1941	67	60	1951	31	30
1942	49	51	1952	24	28
1943	56	49	1953	26	27
1944	41	45	1954	24	26
1945	46	46	1955	24	25
1946	36	43	1956	24	24
1947	42	41	1957	21	23
1948	32	34	1958	21	23
1949	35	32	1959	17	22

In the table on page 3, particulars are given of the deaths of infants in the year 1959. The causes of death shown are in accordance with those prescribed by the International Statistical Classification of Diseases, Injuries and Causes of Death (seventh revision), which was introduced in 1958.

TABLE II.—Infant Mortality ; Deaths in the year 1959 from stated causes at various ages under One Year

International List Nos.	Cause of Death	Under 1 day	1 day and under 1 week	1 week and under 2 weeks	2 weeks and under 3 weeks	3 weeks and under 4 weeks	Total Deaths under 4 weeks	4 weeks and under 3 months	3 months and under 6 months	6 months and under 9 months	9 months and under 12 months	Total Deaths under 1 year
010	Tuberculosis of meninges and C.N.S.	—	—	—	—	—	—	—	—	—	—	—
Remainder of 001-019	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—
055	Diphtheria	—	—	—	—	—	—	—	—	—	—	—
056	Whooping Cough	—	—	—	—	—	—	1	—	—	—	1
057	Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—
085	Measles	—	—	—	—	—	—	—	—	—	—	—
Remainder of 020-138	Other infective and parasitic diseases	—	—	—	—	—	—	—	3	—	1	4
340	Meningitis, except meningococcal and tuberculous	—	2	—	—	—	2	—	—	—	—	2
480-483	Influenza	—	—	—	—	—	—	—	—	—	—	—
490-493	Pneumonia (4 weeks—1 year)	—	—	—	—	—	—	2	1	1	2	6
500-502	Bronchitis	—	—	—	—	—	—	1	4	—	—	5
543, 571, 572	Gastritis, Enteritis and Diarrhoea (4 weeks—1 year)	—	1	—	—	1	2	—	—	—	—	3
751	Spina Bifida and Meningocele	—	—	—	—	—	—	—	—	—	—	4
754	Congenital malformations of cir- culatory system	—	5	1	—	—	6	2	1	3	—	12
Remainder of 750-759	Other congenital malformations	3	3	—	—	—	6	—	—	1	1	8
760, 761	Birth injuries	6	9	—	—	—	15	—	—	—	—	15
762	Postnatal asphyxia and atelectasis	5	2	—	—	—	7	—	—	—	—	7
763	Pneumonia of newborn	—	—	—	—	—	—	—	—	—	—	—
764	Diarrhoea of newborn (under 4 weeks)	—	—	—	1	—	1	—	—	—	—	1
770	Haemolytic disease of newborn	2	1	—	—	—	3	—	—	—	—	3
774	Prematurity with mention of sub- sidiary condition	—	11	—	—	—	39	1	—	—	—	40
776	Prematurity unqualified	28	—	—	—	—	4	—	—	—	—	4
Remainder of 760-776	Other diseases peculiar to early infancy	3	1	—	—	—	—	—	1	—	—	1
E924	Accidental mechanical suffocation	—	—	—	—	—	—	—	—	—	—	—
Remainder of E800-999	Other violent causes	—	2	—	—	—	2	1	4	—	1	14
Residual	All other causes	—	—	—	—	—	—	4	—	3	—	14
	ALL CAUSES	47	37	1	1	1	87	14	14	9	7	131

Neonatal Mortality.—Deaths of infants occurring within the first four weeks of life numbered 87 in the year 1959, giving a neonatal mortality rate of 11·3 per 1,000 live births. The rate for the year 1958 was 17·1 per 1,000. The neonatal deaths in 1959 comprised 66 per cent. of the total deaths of children under one year of age as against 82 per cent. in 1958.

Perinatal Mortality.—Stillbirths and deaths of infants under one week numbered 246 in the year 1959, giving a perinatal rate of 31·3 per total (live and still) births. The rate for the year 1958 was 36·7 per 1,000.

Pregnancy, Child Birth and the Puerperal State.—There were 245 cases of Puerperal Pyrexia notified during the year 1959, and the incidence rate, calculated per 1,000 total (live and still) births, was 31, the same rate as in 1958.

There were two maternal deaths during the year 1959 giving a maternal mortality rate of 0·25 per 1,000 total (live and still) births. The England and Wales maternal mortality rate for 1959 was 0·38 per 1,000 total (live and still) births, and the average Sheffield rate for the period 1954-1958 was 0·19, as against an England and Wales average of 0·48. The table which follows gives, for recent years, the total maternal deaths in Sheffield, the Puerperal Pyrexia incidence rates of the City, the death rates of the City from Puerperal Sepsis and from other maternal causes, and also comparative figures of the total maternal mortality rates of Sheffield and of England and Wales.

TABLE III.—Total Maternal Deaths in Sheffield ; Sickness from Puerperal Pyrexia ; also Maternal Mortality per 1,000 total (live and still) Births, years 1954-1959

Year	Total Maternal Deaths in Sheffield (excluding Abortion)	Rates per 1,000 total (live and still) Births				
		Sickness incidence from Puerperal Pyrexia	Maternal Mortality			
			Puerperal Sepsis	All Other Causes	Total Maternal Mortality	
					Sheffield	England and Wales
1954	3	54 (377)	0·28 (2)	0·14 (1)	0·43	0·58
1955	—	39 (273)	—	—	—	0·54
1956	—	42 (300)	—	—	—	0·46
1957	—	45 (348)	—	—	—	0·39
1958	4	31 (243)	0·13 (1)	0·38 (3)	0·51	0·43
Average 5 years 1954-1958 ..	1	42 (308)	0·08 (1)	0·10 (1)	0·19	0·48
1959	2	31 (245)	—	0·25 (2)	0·25	0·38

NOTE.—The figures in brackets denote the actual number of cases or deaths.

Deaths.—There were 6,479 deaths registered in the City in 1959 and the transferable deaths numbered 285 inwards and 904 outwards. Net deaths allocated to the City therefore totalled 5,860 of which 3,059 were males and 2,801 females. The death rate from all causes was 11·7 per 1,000 of the population. This rate, as is shown in the following statement, is slightly below the 1958 rate and the average rate for the decade 1949-1958. The England and Wales rate for 1959 was 11·6 per 1,000.

<i>Year</i>		<i>Number of Deaths</i>		<i>Death Rate per 1,000 of the Population</i>
1949	..	6,431	..	12·5
1950	..	5,883	..	11·4
1951	..	6,633	..	13·0
1952	..	5,937	..	11·6
1953	..	6,041	..	11·9
1954	..	5,821	..	11·6
1955	..	5,934	..	11·8
1956	..	5,852	..	11·7
1957	..	5,785	..	11·6
1958	..	5,865	..	11·8
Average 1949-58	..	6,018	..	11·9
1959	..	5,860	..	11·7

Causes of Death.—In Table IV on page 6 are given particulars of the number of deaths of Sheffield residents in the year 1959, classified according to disease, sex and age periods. The classification of causes of death is that prescribed in the International List (seventh revision), which replaced the sixth revision of 1948.

Population and Birth Rates and Death Rates in Past Years.—Table V on page 7 gives information in regard to the population of the City in 1959 and past years ; also the numbers of births and deaths in the City, and the birth rates and death rates of Sheffield and of England and Wales in those years.

**TABLE IV.—Deaths of Sheffield Residents in the Year 1959 Classified
according to Disease, Sex and Age-Periods**

<i>Cause of Death</i>	<i>Sex</i>	<i>All Ages</i>	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	3,059	75	16	14	19	123	948	889	975
	F	2,801	56	12	10	12	93	540	711	1,367
TOTALS		5,860	131	28	24	31	216	1,488	1,600	2,342
1. Tuberculosis, Respiratory	M	51	—	—	—	—	5	20	20	6
	F	12	—	—	—	—	4	4	3	1
2. Tuberculosis, Other ..	M	1	—	—	—	—	—	1	—	—
	F	2	—	—	1	—	—	1	—	—
3. Syphilitic Disease ..	M	7	—	—	—	—	—	3	2	2
	F	6	—	—	—	—	1	2	1	2
4. Diphtheria	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	M	1	1	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other Infective and Para- sitic Diseases ..	M	3	1	—	—	—	—	2	—	—
	F	4	2	—	—	—	—	2	—	—
10. Malignant Neoplasm, Stomach	M	91	—	—	—	—	2	39	30	20
	F	63	—	—	—	—	1	13	25	24
11. Malignant Neoplasm, Lung, Bronchus ..	M	262	—	—	—	—	17	138	80	27
	F	24	—	—	—	—	3	13	4	4
12. Malignant Neoplasm, Breast	M	—	—	—	—	—	—	—	—	—
	F	101	—	—	—	—	12	49	22	18
13. Malignant Neoplasm, Uterus	M	—	—	—	—	—	—	—	—	—
	F	42	—	—	—	—	5	15	15	7
14. Other Malignant and Lymphatic Neoplasms	M	270	1	1	2	2	9	110	75	70
	F	229	—	—	—	—	16	67	71	75
15. Leukaemia, Aleukaemia	M	24	—	—	2	—	3	8	4	7
	F	9	—	—	—	—	1	3	2	3
16. Diabetes	M	13	—	—	—	—	3	1	4	5
	F	20	—	—	—	—	—	5	9	6
17. Vascular Lesions of Nervous System ..	M	358	—	—	—	—	5	70	119	164
	F	469	—	—	1	1	2	63	142	260
18. Coronary Disease, Angina	M	601	—	—	—	—	16	237	206	142
	F	380	—	—	—	—	2	71	134	173
19. Hypertension with Heart Disease	M	40	—	—	—	—	—	11	14	15
	F	86	—	—	—	—	1	10	31	44
20. Other Heart Disease ..	M	277	1	—	—	1	12	45	76	142
	F	462	—	—	—	2	17	54	86	303
21. Other Circulatory Disease	M	187	—	—	—	—	4	26	39	118
	F	247	—	—	—	—	1	20	33	193
22. Influenza	M	33	—	—	—	—	3	6	8	16
	F	34	—	—	1	—	2	10	11	10
23. Pneumonia	M	123	2	1	1	1	4	27	33	54
	F	123	4	2	1	2	—	23	24	67
24. Bronchitis	M	288	4	—	—	—	5	87	102	90
	F	114	1	1	—	—	2	17	28	65
25. Other Diseases of Respi- ratory System ..	M	38	4	2	—	—	3	11	9	9
	F	17	3	1	—	—	3	6	—	4
26. Ulcer of Stomach and Duodenum	M	24	—	—	—	—	2	7	9	6
	F	9	—	—	—	—	—	4	1	4
27. Gastritis, Enteritis and Diarrhoea	M	11	2	—	—	—	—	4	2	3
	F	18	2	1	—	—	2	3	5	5
28. Nephritis and Nephrosis	M	19	—	—	—	—	—	9	5	5
	F	22	—	—	2	—	2	7	6	5
29. Hyperplasia of Prostate	M	31	—	—	—	—	—	2	10	19
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion	M	—	—	—	—	—	—	—	—	—
	F	2	—	—	—	—	2	—	—	—
31. Congenital Malforma- tions	M	19	13	1	1	1	1	2	—	—
	F	23	12	2	1	1	—	4	3	—
32. Other defined and ill- defined Diseases ..	M	167	45	5	1	4	7	47	24	34
	F	191	31	3	2	4	8	54	38	51
33. Motor Vehicle Accidents	M	27	—	1	4	5	3	8	5	1
	F	20	—	2	1	1	2	6	4	4
34. All other Accidents ..	M	59	1	5	3	4	12	11	7	16
	F	58	—	—	—	—	1	8	11	38
35. Suicide	M	32	—	—	—	—	6	16	6	4
	F	12	—	—	—	1	2	6	2	1
36. Homicide and Operations of War	M	2	—	—	—	1	1	—	—	—
	F	2	1	—	—	—	1	—	—	—

TABLE V.—Population, Births and Deaths and Birth Rates and Death Rates in Sheffield and in England and Wales, in 1959, and previous years

Year	Population (Estimated)	SHEFFIELD				ENGLAND AND WALES	
		Live Births		Deaths		Birth Rate per 1,000 of Population	Death Rate per 1,000 of Population
		Number of births	Birth Rate per 1,000 population	Number of deaths	Death Rate per 1,000 population		
1851	135,310	5,946	41·6	4,027	28·2	34·2	22·0
1861	186,375	7,561	40·5	4,610	24·7	34·6	21·6
1871	241,506	9,674	40·4	6,843	28·3	35·0	22·6
1881	284,508	10,814	38·0	5,909	20·7	33·9	18·9
1891	325,547	11,862	36·4	7,775	23·9	31·4	20·2
*1901	410,151	12,766	33·0	7,891	20·4	28·5	16·9
1911	455,817	12,623	27·7	7,335	16·1	24·4	14·6
*1912	466,408	12,887	27·7	6,661	14·3	23·8	13·3
1913	471,662	13,288	28·2	7,446	15·8	23·9	13·8
*1914	476,971	13,004	27·3	7,790	16·3	23·8	14·0
1915	476,012	12,139	25·5	8,173	17·2	21·8	15·7
1916	465,494	12,014	23·7	7,262	15·6	20·9	14·4
1917	469,293	11,026	21·1	6,892	14·7	17·8	14·4
1918	465,217	10,746	20·6	9,732	20·9	17·7	17·6
1919	473,695	10,353	21·0	6,564	13·9	18·5	13·7
1920	492,700	13,130	26·6	6,622	13·4	25·5	12·4
*1921	519,239	11,907	23·8	6,284	12·5	22·4	12·1
1922	522,600	10,804	20·7	6,097	11·7	20·4	12·8
1923	524,200	10,195	19·4	6,012	11·5	19·7	11·6
1924	525,000	9,712	18·5	6,110	11·6	18·8	12·2
1925	526,900	9,321	17·7	6,078	11·5	18·3	12·2
1926	523,300	9,013	17·2	5,927	11·3	17·8	11·6
1927	524,900	8,526	16·2	6,436	12·3	16·7	12·3
1928	515,400	8,438	16·4	6,099	11·8	16·7	11·7
*1929	518,000	7,976	15·4	6,850	13·2	16·3	13·4
1930	517,700	7,831	15·1	5,675	11·0	16·3	11·4
1931	517,300	7,777	15·0	5,839	11·3	15·8	12·3
1932	513,000	7,393	14·4	5,976	11·6	15·3	12·0
1933	511,820	7,178	14·0	6,117	12·0	14·4	12·3
*1934	520,950	7,530	14·5	5,886	11·4	14·8	11·8
1935	520,500	7,676	14·7	6,193	11·9	14·7	11·7
1936	518,200	7,884	15·2	6,334	12·2	14·8	12·1
1937	518,200	7,962	15·4	6,492	12·5	14·9	12·4
1938	520,000	8,144	15·7	5,906	11·4	15·1	11·6
1939	522,000	8,192	15·7	6,201	12·0	15·0	12·1
1940	496,700	7,702	15·5	7,538	15·2	15·2	14·4
1941	483,320	7,477	15·5	6,583	13·6	14·9	13·5
1942	479,400	7,958	16·6	5,697	11·9	15·8	12·3
1943	474,100	8,613	18·2	6,215	13·1	16·5	13·0
1944	474,180	10,072	21·2	5,905	12·5	17·6	12·7
1945	476,360	8,629	18·1	5,968	12·5	17·8	12·6
1946	500,400	10,073	20·1	6,167	12·3	19·1	12·0
1947	508,370	10,522	20·7	6,260	12·3	20·6	12·0
1948	514,400	9,107	17·7	5,797	11·3	17·9	10·8
1949	513,700	8,087	15·7	6,431	12·5	16·7	11·7
1950	515,000	7,370	14·3	5,883	11·4	15·8	11·6
1951	510,000	7,233	14·2	6,633	13·0	15·5	12·5
1952	510,900	7,005	13·7	5,937	11·6	15·3	11·3
1953	507,600	7,055	13·9	6,041	11·9	15·5	11·4
1954	503,400	6,867	13·6	5,821	11·6	15·2	11·3
1955	501,100	6,756	13·5	5,934	11·8	15·0	11·7
1956	499,000	7,040	14·1	5,852	11·7	15·7	11·7
1957	498,500	7,519	15·1	5,785	11·6	16·1	11·5
1958	498,800	7,656	15·3	5,865	11·8	16·4	11·7
1959	499,400	7,709	15·4	5,860	11·7	16·5	11·6

Population at earlier dates :—14,105 in 1736 ; 45,755 in 1801 ; 53,231 in 1811 ; 65,275 in 1821 ; 91,692 in 1831 ; 111,091 in 1841.

* The City was extended on 31st October, 1901 ; 1st April, 1912 ; 1st October, 1914 ; 9th November, 1921 ; 1st April, 1929 ; and 1st April, 1934.

Marriages.—The number of marriages in 1959 was 3,849 and the marriage rate (or persons married per 1,000 of the population) was 15·4 as against 15·8 per 1,000 in 1957. The 1959 rate was slightly above the England and Wales rate, which was 15·0 per 1,000. The following table gives details of marriages in Sheffield during the period 1954 to 1959 and a comparison of the Sheffield marriage rate with that of England and Wales.

TABLE VI.—Marriages and Marriage Rates in Sheffield and in England and Wales, years 1954 to 1958 and year 1959

<i>Year</i>	<i>Total Number of Marriages in Sheffield</i>	<i>Persons Married per 1,000 of the population</i>	
		<i>Sheffield</i>	<i>England and Wales</i>
1954	3,974	15·8	15·4
1955	4,185	16·7	16·1
1956	4,067	16·3	15·8
1957	3,981	16·0	15·4
1958	3,931	15·8	15·1
Average (Quinquennium 1954–1958)	4,028	16·1	15·6
1959	3,849	15·4	15·0

Cremations.—A total of 4,377 cremations was carried out during the year at the City Road Crematorium and in each case the documents were examined by the Medical Officer of Health or his Deputy who are accepted referees for this purpose. Details of cremations carried out during the previous five years are as follows :—

1954	..	..	..	..	..	2,827
1955	..	..	..	..	..	3,262
1956	..	..	..	..	..	3,556
1957	..	..	..	..	..	3,749
1958	..	..	..	..	..	4,283

Medical Examinations.—545 medical examinations of new entrants to the local government service were carried out by the medical staff of the Department ; of this number, thirteen failed to pass the examination. The figures for the previous five years are as follows :—

<i>Year</i>			<i>No. of examinations</i>	<i>No. failed to pass</i>
1954	..	..	414	4
1955	..	..	536	8
1956	..	..	634	3
1957	..	..	501	3
1958	..	..	464	4

Notification of Infectious Disease.—The table which follows shows the number of cases which occurred of each of the infectious and other notifiable diseases during the year 1959. Notifications of each disease are tabulated in specified age groups.

TABLE VII.—Cases of Infectious and other notifiable Diseases during the year 1959 classified under age periods

NOTIFIABLE DISEASE	Number of Cases Notified								
	At Specified Age Periods								At all Ages
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 35	35 and under 45	45 and under 65	65 and up- wards	
Smallpox	—	—	—	—	—	—	—	—	—
Measles	270	4,086	3,443	12	3	—	—	—	7,814
Whooping Cough	17	74	67	2	—	—	—	—	160
Scarlet Fever	3	114	316	4	—	1	—	—	438
Diphtheria	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	1	—	—	—	1	—	—	2
Paratyphoid Fever	4	1	2	1	—	1	—	—	9
Puerperal Pyrexia	—	—	—	128	83	33	1	—	245
Erysipelas	—	1	1	—	2	8	38	12	62
Meningococcal Infection	3	3	—	—	—	—	—	—	6
Acute Poliomyelitis—									
Paralytic	—	—	—	—	—	2	—	—	2
Non-Paralytic	—	—	—	—	1	—	—	—	1
Ophthalmia									
Neonatorum	11	—	—	—	—	—	—	—	11
Pneumonia	26	52	56	27	43	53	181	186	624
Malaria	—	—	—	—	—	—	—	—	—
Dysentery	4	27	54	9	9	2	4	—	109
Acute Encephalitis—									
Infective	1	—	—	—	—	—	1	—	2
Post-Infectious	1	—	—	—	—	—	—	—	1
Food Poisoning	9	20	11	5	3	1	8	5	62
Tuberculosis of Respira- tory System	2	5	8	57	65	45	116	33	331
Other Forms of Tuber- culosis	1	3	6	4	9	4	5	2	34
Acute Rheumatism	—	—	16	—	—	—	—	—	16
TOTALS	352	4,387	3,980	249	218	151	354	238	9,929

Measles.—There were 7,814 cases of Measles notified during the year, and the attack rate was 15·65 per 1,000 of the population as against 1·70 per 1,000 in 1958. There were no deaths during the year.

Scarlet Fever.—438 cases of Scarlet Fever were notified during the year and the attack rate was 0·88 per 1,000 of the population as against 1·23 for 1958, and an average rate of 1·15 for the quinquennium 1954-1958. There were no deaths from Scarlet Fever in 1959.

Diphtheria.—For the seventh successive year there were no cases of Diphtheria notified during 1959, and there were no deaths for the eleventh successive year.

Whooping Cough.—160 notifications of Whooping Cough were received in the year 1959 and the attack rate was 0·32 per 1,000 of the population as against 0·24 in 1958. There was one death with a death rate of 0·002 per 1,000. In the year 1958 there were no deaths. The average death rate for the quinquennium 1954-1958 was 0·003.

Smallpox.—There were no cases of Smallpox notified during the year.

Typhoid Fever.—A young child developed typhoid fever and attention was drawn to the fact that she had been given occasional sweets by some neighbourly Arabs. Seven of the immigrants lived next door and a further nine resided higher up the street, although there were frequent comings and goings between the two households. Specimens of fæces and urine were submitted for laboratory examination, but the first set of results were all negative. Fortunately the statement was volunteered that one man had been missed, and a fæcal specimen from him was found to contain *salm. typhi*. He continued to be infectious despite a long period of treatment in hospital and it was eventually necessary to remove his gall bladder. The story has a happy ending in that the Arab was relieved of his symptoms as well as rendered non-infectious, but one can well imagine his mental anguish suffered during long months in hospital without fully being able to understand or be understood.

Paratyphoid Fever.—There were seven cases of paratyphoid in children, four of whom were under the age of two years. One of the babies had almost certainly been infected from the mother although, rather surprisingly, there were no signs of infection in the other families investigated. The sources of infection were not traced, a fact which is somewhat disquieting. Six different strains of paratyphoid were isolated making it clear that there was no single cause of infection.

An unusual history was obtained following investigation of one of these cases. Some five weeks previously the girl had attended at a large children's party organised to raise funds for charity. Although no report had been received at the time it became apparent that about a third of the young guests had suffered symptoms of food poisoning. Nothing very conclusive emerged regarding the particular food causing the outbreak but it was somewhat of a relief to find that fæcal specimens obtained from ninety of the persons attending all proved negative for paratyphoid organisms.

Enteritis and Diarrhoea under Two Years of Age.—Mortality from this group of diseases, stated per 1,000 live births, was 0·52 in 1959, as compared with a rate of 0·39 for the year 1958.

Dysentery.—109 cases of Dysentery, the majority of them being of the Sonne type, were notified during the year. There were no deaths. In 1958 there were 1,199 cases and no deaths.

Food Poisoning.—There were 62 cases of Food Poisoning recorded during 1959 compared with 97 in 1958.

Meningococcal Infection.—There were 6 cases of Meningococcal Infection notified in 1959, compared with 11 cases in 1958, and the attack rate was 0·01 per 1,000 of the population. There were no deaths during the year, as against four deaths in 1958. The average death rate for the quinquennium 1954-1958 was 0·006 per 1,000 population.

Acute Poliomyelitis.—3 cases were notified during the year—2 of Poliomyelitis (Paralytic) and 1 of Poliomyelitis (Non-paralytic)—compared with 18 cases—14 of Poliomyelitis (Paralytic) and 4 of Poliomyelitis (Non-paralytic)—notified in 1958. The attack rate was 0·01 per 1,000 of the population, comparing with a rate of 0·04 for 1958. During the year there were no deaths from this disease, as against one death in 1958.

Acute Encephalitis.—There were two cases of Acute Infective Encephalitis and one case of Post Infectious Encephalitis notified during the year, but there were no deaths from this disease. There were three cases of Acute Infective Encephalitis in 1958.

Malaria.—There were no cases of Malaria notified during the year.

Influenza.—The Influenza death rate was 0·134 per 1,000, as against a rate of 0·058 in 1958. The average City rate for the five years 1954-1958 was 0·055 per 1,000.

Pneumonia.—624 cases of Pneumonia were notified in 1959, the incidence rate being 1·25 per 1,000 of the population, as against 1·16 per 1,000 in 1958. A total of 246 persons died from Pneumonia during the year—123 males and 123 females—and the death rate was 0·403 per 1,000 of the population. There were 260 deaths from Pneumonia in the year 1958, and the death rate was 0·521 per 1,000. The average death rate for the five years 1954-1958 was 0·445 per 1,000.

Bronchitis.—There were 402 deaths from Bronchitis during the year, of which 288 were males. The death rate was 0·805 per 1,000 of the population which compares with a rate of 0·850 for the year 1958. The average City rate for the five years 1954-1958 was 0·772 per 1,000.

Tuberculosis.—There were 331 primary notifications of tuberculosis of the respiratory system in 1959, and the incidence rate was 0·66 per 1,000 population as against 0·79 per 1,000 in 1958, There were 34 notifications of other forms of tuberculosis, giving an incidence rate of 0·07 per 1,000 which corresponds with a rate of 0·09 per 1,000 for 1958.

Deaths from tuberculosis of the respiratory system numbered 63, of whom 51 were males and 12 females. The death rate per 1,000 population was 0·126. This figure compares with a rate of 0·110 in 1958, an average rate of 0·167 for the five years 1954-1958, and an England and Wales rate for 1959 of 0·077 per 1,000.

There were 3 deaths from other forms of tuberculosis. The death rate was 0·006 per 1,000 of the population as against the rate of 0·004 for 1958, and an average rate of 0·019 for the five years 1954-1958 ; the England and Wales rate in 1959 was 0·008.

Death rates from Tuberculous Diseases per million of the population for Sheffield and England and Wales in the ten years, 1950 to 1959, are given in the table below :—

TABLE VIII.—Death Rates per Million from Tuberculosis, ten years, 1950 to 1959

Year	Respiratory System		Other Forms		All Forms	
	Sheffield	England and Wales	Sheffield	England and Wales	Sheffield	England and Wales
1950 ..	313	321	54	43	367	364
1951 ..	294	275	49	41	343	316
1952 ..	225	212	20	28	245	240
1953 ..	197	179	18	22	215	201
1954 ..	179	160	28	19	207	179
1955 ..	216	131	22	15	238	146
1956 ..	184	109	20	12	204	121
1957 ..	144	95	22	12	166	107
1958 ..	110	89	4	11	114	100
1959 ..	126	77	6	8	132	85

Acute Rheumatism.—The Acute Rheumatism Regulations, originally made in 1947 for a trial period of three years, were continued in 1950. After lapsing for a short period, they were renewed in 1954 and extended indefinitely in 1958. Certain selected areas of the country, of which Sheffield is one, have therefore been able to increase their experience of the notification of this disease in children up to 16 years of age. It appears that a useful purpose has been served, and most general practitioners agree that the facilities provided for expert diagnosis, care and after care, have been valuable.

The following table gives particulars of the annual notifications of Acute Rheumatism since 1948 :—

TABLE IX.—Notifications of Acute Rheumatism in Sheffield, 1948-59

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
143 (116)	52 (44)	91 (72)	30 (27)	39 (31)	68 (59)	37 (33)	21 (16)	34 (28)	20 (19)	14 (11)	18 (16)

(Figures in brackets represent number confirmed out of the total notifications).

During 1959, 18 cases of acute rheumatism were notified and, following investigation, 16 of these were accepted as definite cases.

A tabulated statement of cases notified during 1959, by age, sex and clinical classification is given in the following Table :—

TABLE X.—Tabulation by Age, Sex and Clinical Classification of Cases notified as Acute Rheumatism in the year 1959

Clinical Classification of Case notified	Age in Years								Total all ages		Total both sexes
	0—4		5—9		10—14		15+				
	M	F	M	F	M	F	M	F	M	F	
I. Rheumatic pains and/or Arthritis without heart disease	—	—	2	1	1	4	—	—	3	5	8
II. Rheumatic Heart Disease (active)—											
(a) with polyarthritis ..	—	—	—	1	—	4	—	—	—	5	5
(b) with chorea	—	—	—	—	1	—	—	—	1	—	1
(c) with no other rheu- matic manifestations ..	—	—	—	1	—	—	—	—	—	1	1
III. Rheumatic Heart Disease (Quiescent)	—	—	—	—	—	—	—	—	—	—	—
IV. Rheumatic Chorea (alone)	—	—	—	—	—	1	—	—	—	1	1
TOTAL RHEUMATIC CASES ..	—	—	2	3	2	9	—	—	4	12	16
V. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
VI. Other non-rheumatic heart disease or disorder ..	—	—	—	—	—	—	—	—	—	—	—
VII. Not rheumatic or cardiac disease	—	—	—	—	1	—	1	—	2	—	2
TOTAL NON-RHEUMATIC CASES	—	—	—	—	1	—	1	—	2	—	2

Cancer.—Deaths from Cancer during the year 1959 numbered 1,115, of which 647 were males and 468 females. The death rate was 2·233 per 1,000 of the population as against a rate of 2·215 in 1958.

The increase in total mortality from Cancer in recent years has been almost wholly confined to males, and has coincided with a steady increase in male deaths from Cancer of the Lung and Bronchus.

The number of deaths from Cancer of the Lung and Bronchus showed a slight increase during 1959. In common with other industrial areas, the death rate of the City is consistently higher than for the country as a whole, as is shown in the following statement :—

<i>Cancer of the Lung, Bronchus</i>					<i>Rate per one million population</i>	
<i>Year</i>				<i>Sheffield Number of Deaths</i>	<i>Sheffield</i>	<i>England and Wales</i>
1950	..	..	..	176	342	280
1951	..	..	..	171	335	302
1952	..	..	..	205	401	323
1953	..	..	..	224	441	343
1954	..	..	..	261	518	369
1955	..	..	..	242	483	389
1956	..	..	..	267	535	407
1957	..	..	..	258	517	426
1958	..	..	..	282	565	439
1959	..	..	..	286	573	464

The numbers of deaths under the detailed sub-headings of Cancer classified accordingly to sex and in age periods, are given in Table IV on page 6.

Below is a table which gives details of deaths of Sheffield residents from all forms of Cancer in the period 1954-1959 and a comparison of the Sheffield death rate with that of England and Wales.

TABLE XI.—Cancer Mortality of Sheffield and of England and Wales for the year 1959 and the previous five years

<i>Year</i>	<i>Deaths of Sheffield Residents</i>			<i>Death Rate per 1,000 of the Population</i>	
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Sheffield</i>	<i>England and Wales</i>
1954	629	482	1,111	2·21	2·04
1955	620	461	1,081	2·16	2·06
1956	637	455	1,092	2·19	2·08
1957	621	447	1,068	2·14	2·09
1958	638	467	1,105	2·22	2·12
5 yrs' av'ge (1954-58)	629	462	1,091	2·18	2·08
1959	647	468	1,115	2·23	2·14

MATERNITY AND CHILD WELFARE

(Care of Mothers and Young Children)

By ANN KIRK BLACK, M.B., Ch.B.

Senior Assistant Maternity and Child Welfare Medical Officer

“ Every baby born into the world is a finer one than the last ”.

—Charles Dickens (Nicholas Nickleby).

In the administration of the Maternity and Child Welfare Services there were three principal municipal clinics at the 31st December, 1959, namely Orchard Place, Firth Park and Manor Centres. There were also 20 subsidiary centres located at suitable points in the City. One of these was an additional centre opened in a Church Hall in the Ecclesall area, and the Handsworth Clinic was transferred to the new School Health premises in Hall Road.

The total number of children under five years of age attending the various clinics in 1959 was 17,935 as compared with 17,230 in 1958. Details of attendances at these clinics are shown in the appropriate section of the report (page 30).

An aggregate of 6,200 expectant mothers attended during the year at the ante-natal clinics provided at these Maternity and Child Welfare Centres. This compares with an aggregate of 6,364 in 1958.

There are also ante-natal clinics at the City General Hospital and Nether Edge Hospital administered by the Regional Hospital Board. Expectant mothers booked to the City General Hospital from the municipal clinic are transferred at the 36th week of pregnancy, or earlier if necessary for medical or obstetrical reasons, and during the year 1,444 patients were transferred as compared with 1,339 in the previous year. The 36th week examination of primigravidae booked to the Nether Edge Hospital is carried out at the hospital and during the year 669 patients were transferred from the clinic as compared with 512 in 1958. A few patients with abnormalities arising late in pregnancy have been admitted to the Professorial Unit at the Jessop Hospital ; during the year 47 patients were transferred to this Unit.

Expectant mothers who arrange for home confinement and engage the services of a municipal midwife are requested to continue attendance at the clinic at which their booked midwife is present, so that each midwife can keep her patients under ante-natal supervision as is required under the Rules of the Central Midwives Board.

Many expectant mothers are sent to the clinic by their own doctor for ante-natal supervision. Co-operation between the medical practitioner and the clinic is maintained by informing him, or referring the case to him, when any of his booked expectant mothers develop abnormalities of pregnancy. The medical practitioner is also given information as to the Rhesus Factor, Wassermann reaction and haemoglobin.

NOTIFICATION OF BIRTHS

Compulsory notification of births is a requirement under the Public Health Act, 1936. Notifications of 8,634 live births and 200 stillbirths, making a total of 8,834 births, were received in the year 1959. These births were attended as shown below. Information which has been submitted by the Regional Hospital Board regarding confinements of Sheffield women which took place in 1959 in the Maternity Hospitals, is also given in the following table :—

<i>Notifications of Birth</i>	<i>Sheffield women confined in Hospital</i>		
	<i>No. of confs.</i>	<i>Live births</i>	<i>Still births</i>
At Home—			
By Private Medical Practitioners .. 1,195			
By Midwives 1,722			
2,917			
In Nursing Homes .. . 253			
In Hospitals—			
City General Maternity Hospital .. 2,099	1,804	1,740	64
Nether Edge Maternity Hospital .. 1,400	1,310	1,308	14
Jessop Hospital for Women .. 2,165	1,471	1,440	60
5,664			
Total .. 8,834			

Inevitably a proportion of notified births relate to cases where the mother was only temporarily resident in the City, hence the discrepancy between the numbers shown above and those appearing elsewhere in the Report.

THE MATERNITY SERVICES

The work of the maternity section of the Maternity and Child Welfare Service continues very much on similar lines to past years. Every expectant mother who attends the Local Authority's clinics is examined medically and samples of blood are taken for the Wassermann test, blood group and Rhesus factor and also for the haemoglobin estimation and full blood

count. Arrangements are made for the confinement according to the obstetrical condition and home circumstances, and the Health Visitor gives any information she may have on environmental conditions and family history.

As the demand for hospital beds is very high, the midwives report on cases who are suitable for home confinement but request hospital ; a decision is made on consideration of the home conditions and social difficulties. Hospital confinement is considered advisable for expectant mothers with any medical or obstetrical lesion or where there is a history of a stillbirth or neonatal death, for all primigravidae aged 30 years and over, multigravidae aged 40 years and over, and expectant mothers who have shown closeness of successive pregnancies with increasing birth weights of infants.

The Local Authority's clinic centres serve as a clearing house, and after complete examination a decision is made as to suitability for home or hospital confinement. Assurance must be given to every expectant mother who requests a bed in hospital for confinement and has to be refused, that should any abnormality occur during the ante-natal period, labour or in the lying-in period, she will be admitted to hospital immediately.

For the mother who is delivered in her own home the Local Authority provides the services of a midwife ; gas and air or trilene analgesia is available ; a maternity pack is given ; the mother can apply for the services of a domestic help ; and provision can be made for the care of the other children if necessary, either in a day nursery or a residential nursery, during the puerperium.

The Local Authority's Dental Service is open to all expectant mothers who are attending the clinic centres (see page 44). Unfortunately far too few mothers avail themselves of these facilities despite the fact that all necessary treatment is available without charge.

The expectant mother, especially the primigravida, is advised to attend mothercraft classes for talks given by health visitors and midwives ; further details are given on pages 56 and 195. During the ante-natal period, exercise and relaxation classes are held.

ANTE-NATAL CLINICS

Ante-natal sessions were held at fifteen of the Maternity and Child Welfare Centres and, during the year, 2,300 sessions were held and patients made 41,382 attendances (giving an average of 18·0 per session), as compared with 40,799 and a sessional average of 18·4 in 1958.

It is the practice at the Maternity and Child Welfare Centre ante-natal clinics for a Health Visitor or Clinic Nurse to be in attendance with the Medical Officer at the examination of patients. In order that the Municipal Midwives may fulfil their duties under the Central Midwives Board rules, they attend ante-natal sessions to see their own patients. This scheme is working well and is of value as an additional link between the district midwife, the clinic and the expectant mother.

The figures below show attendances at the various Centres, and include cases later transferred to the ante-natal clinics at the City General and Nether Edge Hospitals.

Attendances at Ante-natal Clinics

<i>Centre</i>			<i>Total New Cases</i>	<i>Total Attendances of all Cases</i>	<i>*No. of Sessions</i>	<i>Average Attendances per Session</i>
Orchard Place	..	..	3,841	13,923	857	16
Firth Park	..	..	262	3,048	216	14
Manor	..	..	360	4,742	262	18
Broadfield	..	..	—	3,094	98	32
Broomhill	..	..	—	1,441	52	28
Burngreave	..	..	—	2,160	98	22
Carbrook	..	..	—	2,274	101	23
Darnall	..	..	—	2,620	104	25
Greenhill	..	..	20	1,052	81	13
Hillsborough	..	..	—	2,932	151	19
Parson Cross	..	..	—	1,419	51	28
Woodhouse	..	..	51	978	52	19
Wybourn	..	..	—	707	50	14
Hemsworth	..	..	37	762	102	7
Walkley	..	..	1	230	25	9
TOTALS	..	..	4,572	41,382	2,300	18.0

* In certain instances these are part sessions only, relating to combined ante-natal and infant welfare clinics.

DETAILED SURVEY OF MATERNITY CASES (DELIVERED DURING 1959)

The following is a survey of 4,161 patients who were confined during the year 1959 and who attended the Local Authority ante-natal clinics ; 2,798 were confined in hospital and 1,363 were delivered at home. In addition 224 miscarried, 153 left the city before confinement, and 229 were not pregnant.

A total of 4,161 mothers were delivered of a live or stillborn baby ; details are given below of the ante-natal classification, result of delivery, and conditions associated with the child. Patients were delivered chiefly in the City General and Nether Edge Hospitals, or at home under the Domiciliary Midwifery Service, and in several cases at the Jessop Hospital for Women.

Ante-natal Classification

	1958	1959
NORMAL IN ALL RESPECTS	3,317	3,031
PATIENTS WITH ONE OR MORE ABNORMALITY	945	1,130
	<hr/>	<hr/>
TOTAL ..	4,262	4,161
	<hr/> <hr/>	<hr/> <hr/>

ABNORMALITIES OF THE 945 PATIENTS IN 1958 AND 1,130 PATIENTS
IN 1959 ARE AS FOLLOWS :—

<i>Toxaemia of Pregnancy</i>	1958	1959
Eclampsia	2	1
Pre-eclampsia	148	95
Hypertension	49	45
	<hr/> 199	<hr/> 141
<i>Cardiovascular System</i>		
Mitral Stenosis	12	23
Mitral Stenosis with valvotomy	1	1
Congenital heart lesion	2	2
Varicosity	—	13
Thrombophlebitis	2	7
Functional murmur	—	4
Aortic stenosis	—	1
Aortic incompetence	2	—
Mitral incompetence	1	—
Coarctation of aorta	1	—
Mitral regurgitation	—	1
	<hr/> 21	<hr/> 52
<i>Respiratory System</i>		
Tuberculosis—quiescent	16	12
active	14	9
Pneumonia	5	3
Bronchiectasis	16	7
Asthma	6	7
Pleurisy	1	—
Bronchitis	9	5
Influenzal bronchopneumonia	1	—
Sarcoidosis	1	—
	<hr/> 69	<hr/> 43
<i>Digestive System</i>		
Hyperemesis gravidarum	5	10
Ulcerative colitis	1	—
	<hr/> 6	<hr/> 10
<i>Haemopoietic System</i>		
Microcytic hypochromic anaemia	159	156
Normocytic normochromic anaemia	100	271
Megaloblastic anaemia	7	7
Pernicious anaemia	1	1
	<hr/> 267	<hr/> 435
<i>Urinary System</i>		
B. coli pyelitis	36	62
Tuberculosis of kidney	1	—
Chronic nephritis	2	—
Renal tuberculosis	—	1
	<hr/> 39	<hr/> 63

								1958	1959		
<i>Nervous System</i>											
Epilepsy	..	..	..	..	..	..	..	10	10		
Hemiplegia	..	..	..	..	..	..	..	1	—		
Poliomyelitis paralysis		..	..	..	..	..	..	1	—		
Bell's paralysis of face		..	..	..	..	..	..	—	3		
Psychoneurosis	..	..	..	..	..	..	..	2	1		
Schizophrenic psychosis	..	..	..	..	..	..	..	1	—		
								—	15	—	14
<i>Other diseases</i>											
Congenital syphilis	..	..	..	..	..	..	..	3	1		
Acquired syphilis	..	..	..	..	..	..	..	25	12		
Gonorrhoea	..	..	..	..	..	..	..	4	2		
Vaginal condylomata (non-specific)				..	..	..	..	1	—		
Rheumatoid arthritis		..	..	..	..	..	..	1	1		
Diabetes mellitus	..	..	..	..	..	..	..	2	2		
Dysentery	..	..	..	..	..	..	..	5	1		
Influenza	..	..	..	..	..	..	..	5	—		
Appendicitis—appendicectomy		..	..	..	..	..	..	2	5		
Hernia—herniotomy	..	..	..	..	..	..	..	—	1		
Von Recklinghausen's disease (multiple neurofibromatosis)	..	..	..	..	..	..	..	1	—		
Ménière's syndrome	..	..	..	..	..	..	..	1	—		
Glycosuria	..	..	..	..	..	..	..	3	2		
Carcinoma of cervix	..	..	..	..	..	..	..	1	—		
Carcinoma of breast	..	..	..	..	..	..	..	1	—		
Thrombocytopenic purpura	..	..	..	..	..	..	..	1	—		
Osteoporosis of the spine	..	..	..	..	..	..	..	—	1		
Cholecystitis	..	..	..	..	..	..	..	—	1		
Erysipelas	..	..	..	..	..	..	..	—	1		
Disseminated sclerosis	..	..	..	..	..	..	..	—	1		
Bilateral uveitis	..	..	..	..	..	..	..	—	1		
								—	56	—	32
<i>Conditions associated with pregnancy</i>											
Threatened miscarriage	..	..	..	..	..	..	..	4	18		
Hydramnios	..	..	..	..	..	..	..	13	16		
Ante-partum haemorrhage :—											
Cause not evident	..	..	..	..	..	..	..	36	38		
Accidental haemorrhage		..	..	..	..	..	..	36	21		
Placenta praevia	..	..	..	..	..	..	..	14	14		
Cervical erosion	..	..	..	..	..	..	..	3	2		
Cervical polyp	..	..	..	..	..	..	..	1	1		
Rhesus antibodies present in maternal blood	..	..						27	37		
Bicornate uterus	..	..	..	..	..	..	..	1	—		
Traumatic haematoma of the vulva	..	..	..	..	..	..	..	1	—		
								—	136	—	147
<i>Malpresentation</i>											
Breech, external version	..	..	..	..	..	..	..	167	220		
Breech, failed version	..	..	..	..	..	..	..	57	35		
Breech presentation	..	..	..	..	..	..	..	6	17		
Transverse presentation	..	..	..	..	..	..	..	11	14		
								—	241	—	286

								1958	1959
<i>Skeletal System</i>									
No cases found with abnormalities	..	..	..	..	..	..	..	—	—
<i>Tumours complicating pregnancy</i>									
Fibroids	..	..	..	..	..	..	..	3	4
Ovarian cyst	..	..	..	..	..	..	..	1	5
Chronic abscess groin	..	..	..	..	..	..	..	1	—
Vaginal cyst in Gartner duct	..	..	..	..	..	..	..	1	—
Presacral cyst	..	..	..	..	..	..	..	—	1
Pituitary tumour	..	..	..	..	..	..	..	—	1
								—	6 — 11
<i>Diseases of the ductless glands</i>									
Myxoedema	..	..	..	..	..	..	..	—	1
								—	— — 1

Abnormalities

Toxaemia of Pregnancy.—The term toxaemia of pregnancy is used to include eclampsia, pre-eclampsia and the hypertensive syndrome without albuminuria, which occurs in the later weeks of pregnancy and usually subsides rapidly after delivery. There were 141 mothers suffering from toxaemia of pregnancy and, with the exception of one mother who was delivered at home, all were admitted to hospital for ante-natal treatment varying from a few days to four weeks. The majority of the mothers were given surgical induction of labour just before or at term, in order to obtain a live healthy infant. There was one case of eclampsia. This mother had two convulsions before the onset of labour but was delivered without incident of a full term healthy infant.

Of the 95 cases of pre-eclampsia, 67 mothers had full time confinements and 28 mothers had premature confinements, varying from 26 to 38 weeks gestation. There were 87 children born alive, but one child died within a few minutes and another two hours after birth. There was one set of twins and nine children were stillborn.

Of the 45 cases of hypertension, 36 mothers had full time confinements and 9 mothers had premature confinements. 42 children were born alive and four children were stillborn. There was one set of twins.

Cardiovascular System.—In this Survey, 26 expectant mothers who were found to have valvular disease gave a history of rheumatism, rheumatic fever or chorea. All these cases were booked to hospital for delivery and transferred to the hospital ante-natal clinic for specialist supervision and treatment. Two expectant mothers were found to have a congenital heart lesion, but this condition in no way interfered with the course of the pregnancy ; delivery took place in hospital.

Seven mothers who suffered from thrombophlebitis during the pregnancy were strongly advised to have their confinements under hospital supervision.

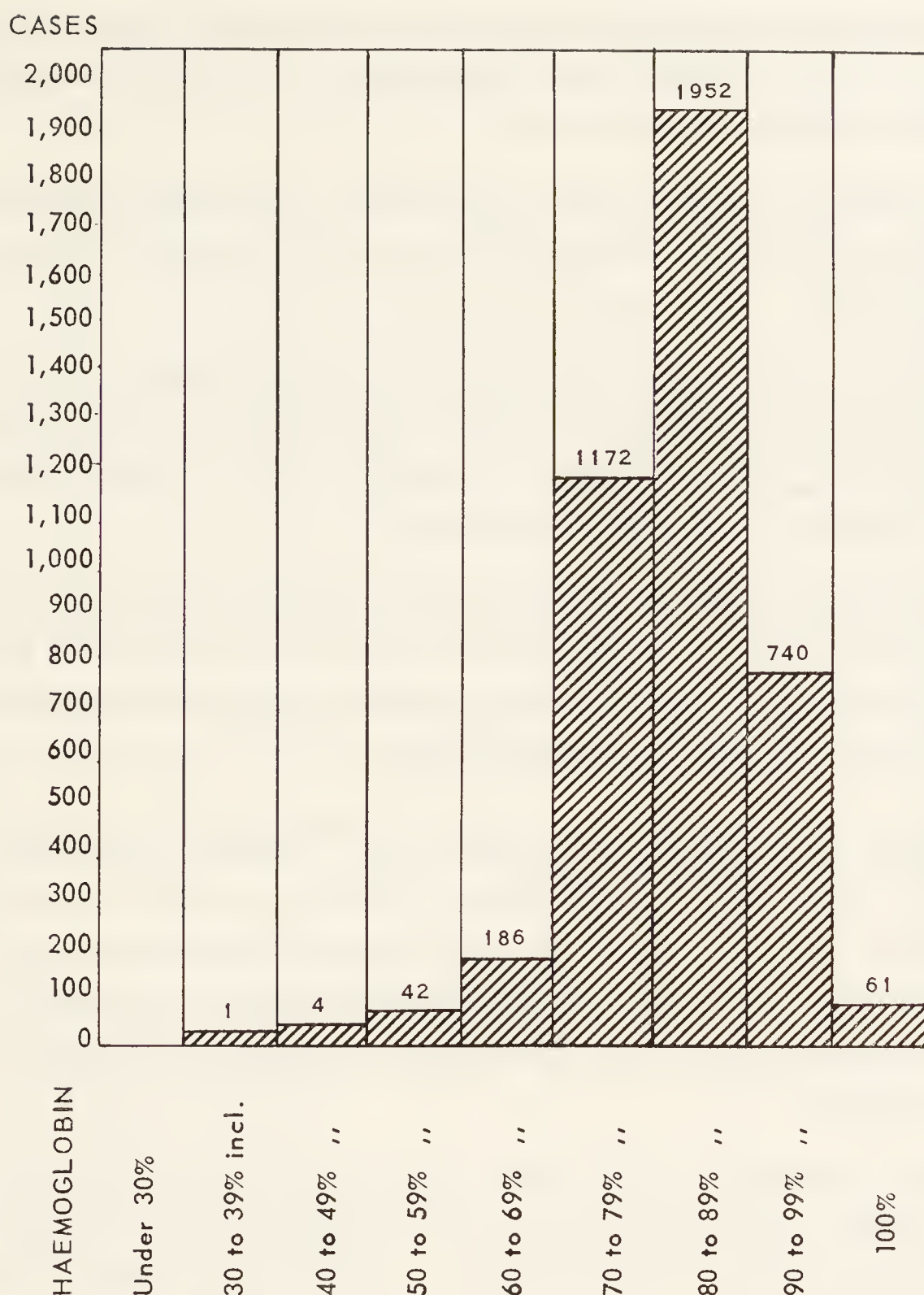
Respiratory System.—The routine radiological examination of expectant mothers attending the ante-natal clinics is proving of value in detecting early tuberculosis which would not show any symptoms or signs on clinical examination. 21 mothers with active or quiescent lesions were previously under the care of the Chest Clinic and were referred back for re-examination and X-ray. 9 mothers with active pulmonary tuberculosis were admitted during the ante-natal period to hospital for treatment, transferred to the maternity unit for delivery and returned to hospital for observation and rest.

The three mothers who developed pneumonia received hospital treatment and made a good recovery. Seven mothers suffering from bronchiectasis were referred to the City General Hospital Maternity Unit for medical care and delivery.

Digestive System.—About 80 per cent. of all expectant mothers in the early months of pregnancy suffer from morning sickness, when either a feeling of nausea or actual sickness occurs. The vomiting may not be confined to the early morning, but may occur throughout the day. The ten mothers who suffered from fairly severe vomiting in the early months of pregnancy responded well to treatment and the pregnancy continued satisfactorily to term.

Haemopoietic System.—The haemoglobin of all mothers was estimated during pregnancy and, according to the degree of iron deficiency anaemia present, iron therapy was given. In nutritional deficiency anaemias of pregnancy vitamin preparations may also be useful.

Reports received on the first haemoglobin sample of 4,158 cases are shown below ; these reveal that 233 cases, or 5·6% of the 4,158 patients tested, were below 70% and considered to be suffering from anaemia. In three cases the haemoglobin was not estimated.



Urinary System.—Several mothers showed symptoms of pyelitis of pregnancy, chiefly pain in the side and frequency of micturition, and these patients were referred to the hospital unit for ante-natal treatment. On recovery the pregnancy continued satisfactorily to term. One mother was found to be suffering from renal tuberculosis ; she was booked to hospital for confinement and had a full-term confinement without incident.

Nervous System.—The ten mothers suffering from epilepsy were under constant treatment and the condition in no way interfered with the course of pregnancy.

Other Diseases.—The routine Wassermann and Kahn tests are carried out on all expectant mothers, and there were 12 cases of acquired syphilis, one case of congenital syphilis and two cases of gonorrhea. In this survey 8 of the acquired cases were mothers from the West Indies. All cases

were carefully followed up and referred to the hospital venereologist for treatment, which is offered in each pregnancy in order to ensure the birth of a healthy baby.

Two expectant mothers who were found to be suffering from diabetes mellitus were referred to the specialist unit at the hospital for supervision of this condition.

Conditions Associated with Pregnancy.—Haemorrhage in the early months of pregnancy is usually due to a miscarriage but, if the bleeding is slight and pain practically absent, the pregnancy will, as a rule, settle down with rest in bed and appropriate treatment.

Haemorrhage in late pregnancy after the 28th week is known as ante-partum haemorrhage and may be due to various causes such as placenta praevia (unavoidable haemorrhage) or premature separation of the normally situated placenta (accidental haemorrhage).

Mothers with Rhesus factor negative blood and showing antibody titres present are referred to below.

Nutrition.—On the whole the nutrition of 4,146 mothers was quite satisfactory, but 15 mothers showed signs of defective nutrition. This state was probably due to an unbalanced diet lacking sufficient protein and iron intake.

During attendance at the clinic mothers were prescribed A and D vitamin tablets and orange juice under the Welfare Foods Scheme, also ferrous sulphate, calcium sodium lactate, and Vitamin B tablets, in addition to Colact, Ovaltine and Horlicks Malted Milk.

Rhesus Factor.—The Rhesus factor is of importance in midwifery because of the serious problem of Rhesus incompatibility occurring from time to time when a Rhesus negative mother develops immune antibodies. The result of the Rhesus incompatibility is passed on to the child giving rise to either a very severe type of anaemia with jaundice, or the child may be stillborn.

During the year 1959 there were 3,735 specimens of blood sent from the ante-natal clinics to the National Blood Transfusion Laboratory for the ascertainment of the Rhesus factor. These samples were mostly from expectant mothers, but in a few special cases a sample was sent from the father. This information is necessary in order to give the correct type of blood should a transfusion become necessary.

There were 37 expectant mothers who had Rhesus Immune antibodies, chiefly anti-D, present in the blood—33 of these mothers had full time confinements and four mothers had premature confinements.

34 babies were born alive, three were stillborn and one baby died one hour after birth. The cause of the stillbirths was chiefly Rhesus incompatibility but one stillbirth had multiple anomalies. 24 liveborn babies had a positive Coombs test and, as 11 of these babies had a low haemoglobin estimation and varying degrees of jaundice, an exchange blood transfusion was performed a few hours after birth. 13 babies were only mildly affected and did not require an exchange blood transfusion immediately after birth, but attended the hospital follow-up clinic for repeated haemoglobin estimations so that should anaemia occur a simple blood transfusion could be given. Nine babies had a negative Coombs test and were quite normal.

33 babies, including the 11 babies who had received an exchange blood transfusion, were discharged from hospital fit and well.

Confinement Results.—The following table shows the nature of the results of the 4,161 confinements reported in the Survey :—

Confinement normal, full time	..	..	..	..	..	..	3,663
Confinement normal, premature	..	..	..	..	..	..	221
Forceps delivery, full time	..	..	..	..	..	..	130
Forceps delivery, premature	..	..	..	..	..	..	4
Breech delivery, full time	..	..	..	..	..	..	66
Breech delivery, premature	..	..	..	..	..	..	13
Caesarean Section, full time	..	..	..	..	..	..	51
Caesarean Section, premature	..	..	..	..	..	..	11
Craniotomy, full time	..	..	..	..	..	..	1
Hysterotomy, premature	..	..	..	..	..	..	1
TOTAL							4,161

The 4,161 confinements resulted in 4,119 live births and 80 stillbirths ; being 2,097 males and 2,102 females. There were 36 sets of twins and one set of triplets.

Stillbirths.—The investigation into the 80 stillbirths shows the following causes :—

Maternal lesion associated with foetal anoxia in the following cases :—

Pre-eclampsia (all premature)	..	..	..	..	..	9
Accidental haemorrhage (Retroplacental clot) (4 premature)	..					9
Hypertension (premature)	..	..	..	..	..	2
Mitral stenosis (premature)	..	..	..	..	..	1

Stillbirths associated with foetal deformity :—

Anencephaly (premature)	11	
Hydrocephaly (2 premature)	5	
Severe congenital anomalies	2	
Spina bifida and hydrocephalus	2	
	<hr/>	20

Rhesus incompatibility associated with stillbirths :—

Hydrops foetalis (one multiple anomalies)	3	
	<hr/>	3

No obvious associated lesion present except unhealthy placenta showing areas of degeneration or infarctions and the cause of death was given as placental insufficiency in the following cases :—

Full-time stillbirths (5 macerated)	12	
Premature stillbirths (9 macerated)	14	
	<hr/>	26

Various conditions resulting in anoxia and the infant being stillborn :—

Prolapsed cord—compression of cord by head	3	
Cord wound tightly around neck	1	
Complicated breech delivery	3	
Cerebral haemorrhage and oedema	2	
Shoulders impacted—delayed delivery	1	
	<hr/>	10
		<hr/>
		80
		<hr/>

Neonatal Deaths.—Of the 4,119 live born children, there were 35 or 8·7 per 1,000 live births, who died under four weeks of age. The causes of the deaths of the 35 children are as follows :—

8 full-time infants, with the exception of one child, all died during the first week of life from the following causes :—

Cerebral haemorrhage	1
Congenital malformation of heart	2
Oesophageal atresia (after operation)	2
Intestinal obstruction (ruptured caecum)	1
Rupture liver (haemorrhage in lungs)	1
Rhesus incompatibility	1

Prematurity associated with a lesion in the infant :—

Atelectasis	1
Cerebral haemorrhage	1
Atresia of descending colon (after operation)	1
Hyaline membrane disease of lungs	1
Congenital heart lesion	1
Complete absence of kidney	1
Malformation of kidney	1
Meningitis	1

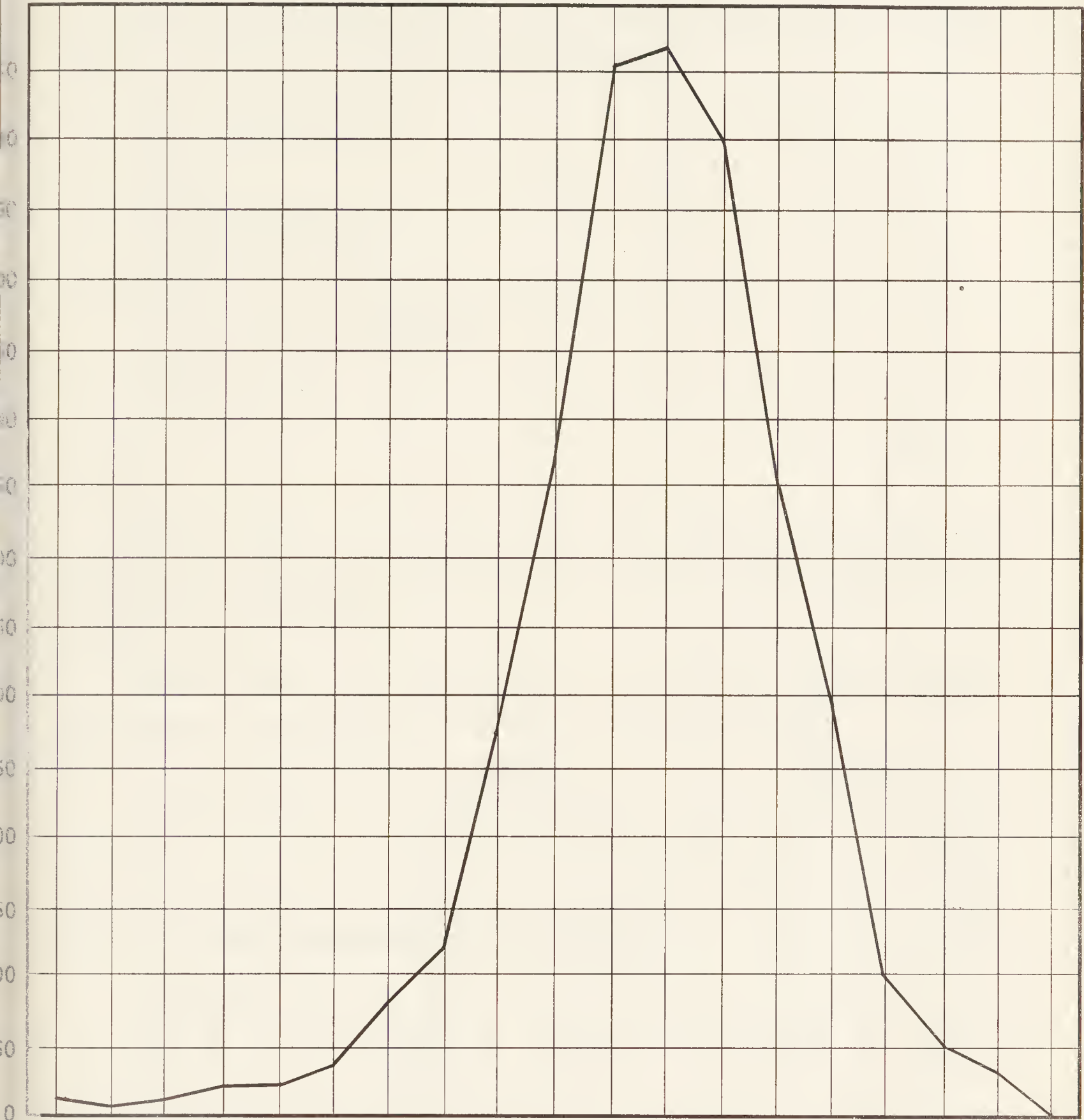
Prematurity with associated maternal lesion :—

Ante partum haemorrhage due to accidental haemorrhage	3
Pre-eclampsia	2
Prematurity without associated foetal or maternal lesion, therefore cause of premature birth not evident. Six infants were very immature, weighing under 2 lbs.	14

TOTAL	<hr/>	35
---------------	-------	----

Birth Weights – The following shows details as to birth weights of 4,199 babies born to 4,161 mothers, and neonatal deaths in each weight group.

BABIES BORN – 4,199



Under	2 lb 0 oz	14
Over	2 lb 0 oz to 2 lb 8 oz	6
"	2 lb 8 oz to 3 lb 0 oz	13
"	3 lb 0 oz to 3 lb 8 oz	21
"	3 lb 8 oz to 4 lb 0 oz	22
"	4 lb 0 oz to 4 lb 8 oz	37
"	4 lb 8 oz to 5 lb 0 oz	79
"	5 lb 0 oz to 5 lb 8 oz	116
"	5 lb 8 oz to 6 lb 0 oz	275
"	6 lb 0 oz to 6 lb 8 oz	471
"	6 lb 8 oz to 7 lb 0 oz	752
"	7 lb 0 oz to 7 lb 8 oz	761
"	7 lb 8 oz to 8 lb 0 oz	698
"	8 lb 0 oz to 8 lb 8 oz	450
"	8 lb 8 oz to 9 lb 0 oz	295
"	9 lb 0 oz to 9 lb 8 oz	99
"	9 lb 8 oz to 10 lb 0 oz	56
"	10 lb 0 oz	30
	Weight not known	4
		Total
		4,199

NEONATAL DEATHS - 35

PERCENTAGE OF NEONATAL DEATHS PER BIRTH WEIGHT GROUP

%

60
55
50
45
40
35
30
25
20
15
10
5
0

BIRTH WEIGHT

Under 2lb 0oz
Over 2lb 0oz to 2lb 8oz
" 2lb 8oz to 3lb 0oz
" 3lb 0oz to 3lb 8oz
" 3lb 8oz to 4lb 0oz
" 4lb 0oz to 4lb 8oz
" 4lb 8oz to 5lb 0oz
" 5lb 0oz to 5lb 8oz
" 5lb 8oz to 6lb 0oz
" 6lb 0oz to 6lb 8oz
" 6lb 8oz to 7lb 0oz
" 7lb 0oz to 7lb 8oz
" 7lb 8oz to 8lb 0oz
" 8lb 0oz to 8lb 8oz
" 8lb 8oz to 9lb 0oz
" 9lb 0oz to 9lb 8oz
" 9lb 8oz to 10lb 0oz
" 10lb 0oz

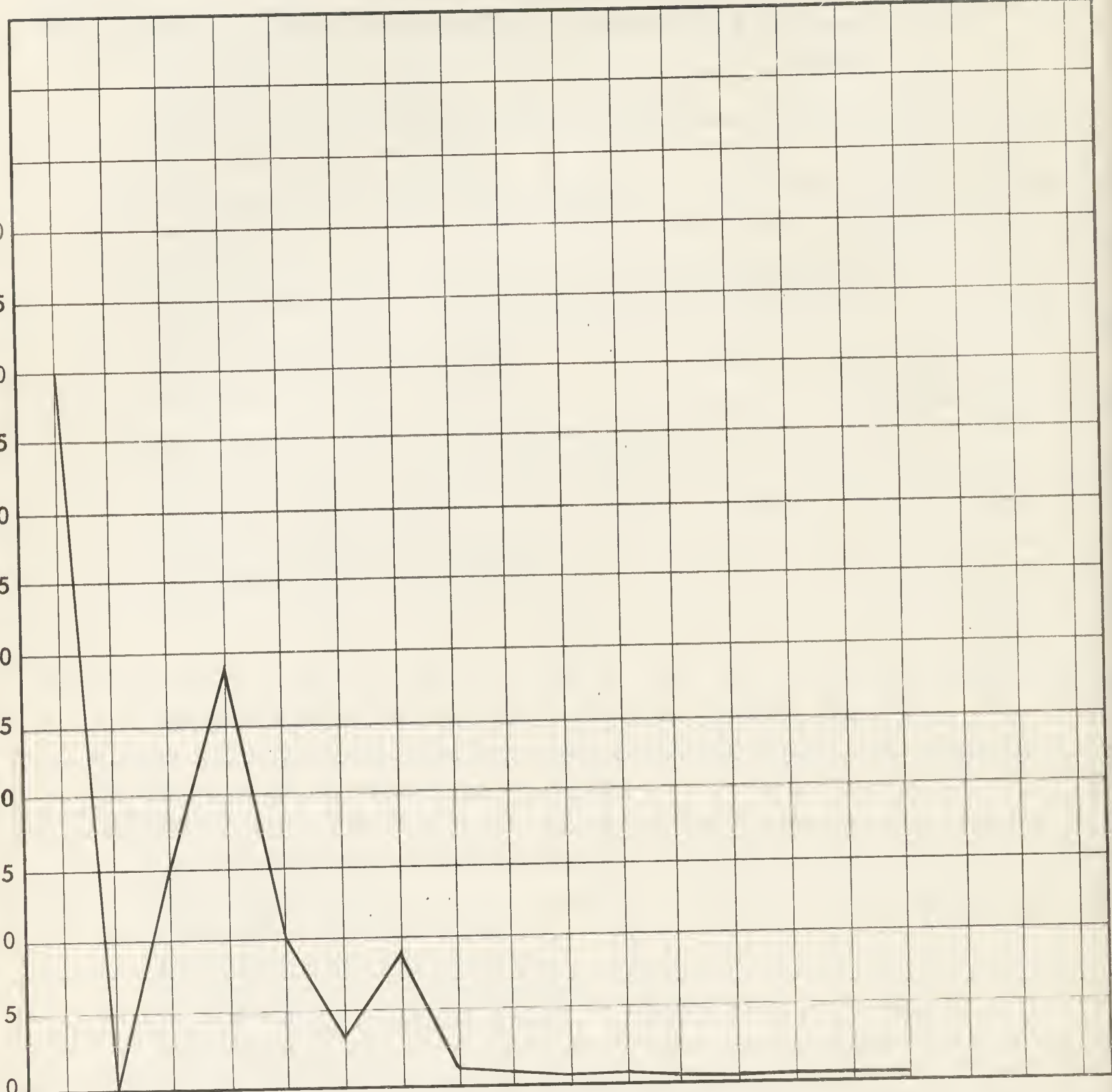
% OF DEATHS IN NEONATAL DEATHS EACH GROUP

50 - 15 29 9 3 9 0.9 0.4 - 0.4 0.1 0.1 0.2 - 1 - - - 0
On

Weight not known

1

T
On



In addition one child died at the age of six weeks following an operation for atresia of ascending colon.

Foetal Abnormalities.—Out of the 4,119 live born babies, 37 were found at birth to have abnormalities as follows :—

Deformity of hand or foot	..	..	..	..	..	..	7
Talipes equino varus	..	..	..	..	..	..	6
Spina bifida	..	..	..	..	..	..	5
Mongol	..	..	..	..	..	..	4
Hare lip and cleft palate	..	..	..	..	..	..	3
Congenital heart lesion	..	..	..	..	..	..	3
Hernia	..	..	..	..	..	..	3
Meningocele	..	..	..	..	..	..	2
Congenital atresia of oesophagus	..	..	..	..	..	..	2
Cretin	..	..	..	..	..	..	1
Haemophilia—B	..	..	..	..	..	..	1
							<hr/> 37 <hr/> <hr/>

Infant Feeding.—At the 14th day, 3,349 children were breast fed entirely, 417 had combined breast and artificial feeding and 317 were entirely on artificial feeds.

Social Grades.—The details below give the Social Classes, graded according to the husband's occupation where this is known.

<i>Social Class</i>			<i>Number in Social Class</i>		<i>Percentage in Social Class</i>	
			1958	1959	1958	1959
1	..	..	6	7	—	—
2	..	..	92	66	2	1
3	..	..	2,644	2,494	62	60
4	..	..	437	447	10	11
5	..	..	832	870	20	21
Not graded	..	..	251	277	6	7
TOTALS	..	..	<hr/>4,262 <hr/> <hr/>	<hr/> 4,161 <hr/> <hr/>	<hr/> 100 <hr/> <hr/>	<hr/> 100 <hr/> <hr/>

Laboratory Tests carried out during the year 1959.—It is part of the routine work in the ante-natal clinics to take samples for various tests.

Wassermann and Kahn tests are carried out at the Public Health Laboratory, and during the year 9,075 specimens were examined and in addition 28 samples were taken for the Bijou test. When an expectant mother is found to have a positive Wassermann and Kahn reaction, she is referred to the special clinic at the City General Hospital under the care of Dr. A. I. Morrison, the venereologist, for confirmation and treatment.

The Public Health Laboratory carried out further miscellaneous tests as required in connection with clinic work relating to the care of the mother and child, namely : examination of 144 swabs and samples (ear, nose, throat, etc.) and 18 smears (cervix and urethra). 176 specimens of urine were also examined for organisms. In addition 302 samples were sent for the National Survey of Viral infection in early pregnancy.

The Group Pathology Laboratory at the City General Hospital carried out 117 Hogben tests for the ascertainment of pregnancy, and 7,485 tests for blood count and haemoglobin estimation were requested during the year.

Patients Referred for Investigation and Treatment.—74 patients were referred from the Maternity and Child Welfare Centre to the City General or Nether Edge Hospitals for abdominal X-ray examination of foetal attitude or multiple pregnancy ; 164 patients were sent for dental treatment to the School Dental Clinic under arrangements between the Health and Education Committees (see page 44) and 89 expectant and nursing mothers were referred to their private medical practitioners for medical treatment.

Chest Examination.—All expectant mothers attending the antenatal clinic were requested to attend the Mass Radiography Centre. At the end of November X-ray Units were started at the Nether Edge and City General Hospitals, and patients are now being referred to the Unit nearest their home. Where there is information that the mother is a contact of a tuberculous person, or where the expectant mother has a chest lesion, she is advised to attend the Chest Clinic.

Of the 4,161 patients in the survey, 2,884 attended the Mass Radiography Centres, 402 attended the Chest Clinic and in addition 22 patients who had attended the Mass Radiography Unit were referred to the Chest Clinic for further investigation. A few patients failed to keep their appointments but the majority of the remaining 875 had been X-rayed during the previous year and, as the report was satisfactory, they were not asked to re-attend.

The general practitioner is, by arrangement, given the X-ray result of all his cases.

POST-NATAL CLINICS

During the year every effort was made to encourage the mothers to attend for a post-natal examination. Many of the patients delivered either in the Nether Edge or the City General Maternity Hospitals are referred to the municipal clinic for their post-natal examinations, but special cases remain under the care of the hospital. Where a general practitioner has undertaken to provide for maternity medical services he is required to carry out this examination about six weeks after delivery ; other mothers delivered at home are advised to attend the clinic centre.

Particulars follow relating to the attendances at post-natal clinics at the Maternity and Child Welfare Centres during 1959 :—

Attendances at Post-natal Clinics

<i>Centre</i>					<i>Total New Cases</i>	<i>Total Attendances of all Cases</i>	<i>No. of Sessions</i>
Orchard Place	..	..	..	..	1,197	1,545	151
Firth Park	..	..	..	..	173	219	83
Manor	..	..	..	..	242	343	152
Darnall	..	..	..	..	35	53	27
Woodhouse	..	..	..	..	35	46	28
Greenhill	..	..	..	..	8	11	10
Broadfield	..	..	..	..	—	—	—
Hemsworth	..	..	..	..	16	21	17
TOTALS	..	..			1,706	2,238	468

FAMILY PLANNING CLINICS

These are held at five centres and advice is given to the mothers according to the regulations of the Ministry where a future pregnancy would be detrimental to the health of the mother. This statement is widely interpreted and, for various reasons, in order to allow the mother to recover her health, she is instructed how to space her family. In a few conditions, such as heart disease, pulmonary tuberculosis, diabetes or Rhesus incompatibility, parents are advised against future pregnancies. Appliances are available at the clinic. 311 new cases attended during the year and 1,013 attendances were made, as compared with 281 new cases and 899 attendances in 1958.

INFANT WELFARE CLINICS

At the Maternity and Child Welfare Centres sessions have been held during the year for infant consultations, minor ailments, ultra violet light therapy, medical inspection clinics for pre-school children, vaccination against smallpox and poliomyelitis, and immunisation against diphtheria, whooping cough and tetanus.

Infants are seen by the doctor at the Child Welfare Clinics at the first attendance and thereafter at three monthly intervals until one year of age, when the first pre-school medical inspection is carried out. The Health Visitor sees the children at her clinic session in the intervening period but refers to the doctor any child who is not making satisfactory progress.

Infant Consultations.—Particulars follow of new cases attending Infant Consultations, and total attendances of new and old cases, at the various clinics in the year 1959 :—

<i>Centre</i>	NEW CASES			TOTAL ATTENDANCES				
	<i>Under 1 year</i>	<i>Over 1 year</i>	<i>Total</i>	<i>Under 1 year</i>	<i>1 to 5 yrs. and over</i>	<i>Total attendances</i>	<i>No. of sessions</i>	<i>Average attendance per session</i>
Orchard Place ..	576	27	603	3,769	402	4,171	204	20
Firth Park ..	576	20	596	7,480	1,582	9,062	506	18
Manor	762	13	775	7,783	1,694	9,477	509	19
Broadfield ..	511	9	520	5,140	476	5,616	209	27
Broomhill ..	295	13	308	3,094	256	3,350	154	22
Burngreave ..	356	6	362	3,676	284	3,960	152	26
Carbrook ..	336	6	342	2,918	144	3,062	102	30
Chantrey ..	138	4	142	1,464	163	1,627	52	31
Darnall	240	2	242	2,435	220	2,655	124	21
Dore	23	—	23	213	47	260	26	10
Endcliffe ..	173	6	179	2,009	245	2,254	115	20
Greenhill ..	183	6	189	1,851	230	2,081	96	22
Handsworth ..	142	3	145	1,864	209	2,073	100	21
Hillsborough ..	529	10	539	5,241	354	5,595	249	22
Manor Park ..	37	—	37	531	52	583	26	22
Parson Cross ..	188	7	195	2,223	243	2,466	103	24
Tinsley	63	—	63	783	68	851	50	17
Totley	82	3	85	873	138	1,011	52	19
Walkley	190	—	190	2,011	144	2,155	100	22
Woodhouse ..	165	3	168	1,803	218	2,021	102	20
Wybourn	113	1	114	1,085	93	1,178	52	23
Hemsworth ..	118	—	118	1,444	105	1,549	102	15
Ecclesall	105	4	109	895	57	952	36	26
TOTALS ..	5,901	143	6,044	60,585	7,424	68,009	3,221	21

Medical Inspection Clinics.—Medical inspection of the pre-school child is carried out at all Maternity and Child Welfare Centres in the City at fixed age periods, namely one year, 18 months, two, three, four and four and a half years of age. Records of the medical examinations are shown in the tables on the following pages.

Many mothers appreciate the medical inspection service and, in 1959, 14,065 examinations were carried out as follows :—

	<i>Centre</i>	<i>Total attendances</i>		<i>No. of sessions</i>	<i>*Average attendance per session</i>
		<i>Boys</i>	<i>Girls</i>		
1.	Orchard Place ..	480	475	191	5
2.	Firth Park ..	751	704	196	7
3.	Manor	936	845	191	9
4.	Broadfield ..	636	594	201	6
5.	Broomhill ..	457	423	147	6
6.	Burngreave ..	401	372	139	6
7.	Carbrook ..	257	264	96	5
8.	Chantrey ..	215	190	51	8
9.	Darnall	282	317	137	4
10.	Dore	55	39	12	8
11.	Endcliffe ..	335	313	104	6
12.	Greenhill ..	324	314	119	5
13.	Handsworth ..	271	224	92	5
14.	Hillsborough ..	622	590	145	8
15.	Tinsley	99	90	46	4
16.	Totley	119	101	47	5
17.	Walkley ..	172	168	89	4
18.	Woodhouse ..	197	191	43	9
19.	Parson Cross ..	261	245	94	5
20.	Wybourn ..	104	107	49	4
21.	Manor Park ..	41	42	21	4
22.	Hemsworth ..	165	179	124	3
23.	Ecclesall ..	49	49	30	3
	TOTALS ..	7,229	6,836	2,364	6

* These clinics are combined with Infant Consultations.

The majority of the children were in good health and 10,480 examinations showed no defect. In the remaining 3,585 examinations one or more defect was revealed. In many cases the defect was trivial but worth noting, and the mother was advised how best to deal with the problem. The child suffering from a more serious defect was referred to the family doctor for treatment.

Nutrition.—As a result of the assessment, nutrition is now classified as satisfactory or unsatisfactory. This classification was judged on clinical findings, and height and weight measurements. It will be seen from the table below that 14,065 examinations show a satisfactory result while 52 show defective nutrition as compared with 35 in 1958.

TABLE XII.—Summary of 14,065 Medical Inspections of children aged one to five years carried out during 1959, classified according to age-groups, sex and standard of nutrition

Group	No. of examinations	NUTRITION			
		Satisfactory	% of examinations	Un-satisfactory	% of examinations
Group 1 (12-17 months)					
Male	1,879	1,877	99·89	2	·11
Female	1,707	1,698	99·47	9	·53
Group 2 (18-23 months)					
Male	1,466	1,464	99·86	2	·14
Female	1,390	1,383	99·50	7	·50
Group 3 (24-32 months)					
Male	1,311	1,310	99·92	1	·08
Female	1,263	1,257	99·53	6	·47
Group 4 (33-41 months)					
Male	1,043	1,041	99·81	2	·19
Female	994	989	99·50	5	·50
Group 5 (42-50 months)					
Male	810	805	99·38	5	·62
Female	774	770	99·48	4	·52
Group 6 (51-60 months)					
Male	720	716	99·45	4	·55
Female	708	703	99·29	5	·71
Total all age groups					
Male	7,229	7,213	99·78	16	·22
Female	6,836	6,800	99·47	36	·53
TOTAL—both sexes ..	14,065	14,013	99·63	52	·37

Dental Caries.—On the whole the dental decay found in the pre-school child at the periodic examination has remained fairly constant during the last two or three years. In the 7,355 medical inspections carried out on children at two years to 4½ years, it was found that 1,135 had carious teeth, which is 15 per cent. of the children in this age range. 16 children under two years of age had some carious teeth. (See page 34).

Skin Conditions were mild, mostly eczema and this lesion tends to disappear as the infant grows older, so that by school age very few children are affected. There were 67 cases of naevus.

Throat conditions.—In many cases tonsils and adenoids showed quite a marked enlargement from $2\frac{1}{2}$ years of age and this condition was often accompanied by enlarged cervical glands. On examination it was found that 90 children had obstructing tonsils and adenoids compared with 118 children in the previous year. These children were referred to the family doctor for his opinion as to the advisability of tonsillectomy. 19 children were found to have already had tonsillectomy performed.

Ear conditions increased in 1959, being 64 as compared with 34 in 1958. The condition found was mainly due to otitis media. Three children were found to be suffering from congenital deafness.

Eye Conditions.—Strabismus formed the bulk of the eye lesions found ; there were 157 children with this condition as compared with 138 in 1958. One child was blind and five were partially sighted, due to cataracts and corneal opacity.

Conditions of the Circulatory System showed a number of functional heart murmurs. These are of no significance and usually disappear before the child reaches adolescence. There was no case of rheumatic heart disease, but eight congenital heart lesions were found.

Lung conditions. A number of children showed signs of bronchitis and asthma.

Developmental defects included umbilical and inguinal hernia, cleft palate and hare lip, and talipes equino varus. Several other children were found to have developmental defects of the hand, arm or foot.

Breast Feeding.—During the ante-natal period every encouragement is given to expectant mothers to prepare for breast feeding and later at the child welfare centres the mother is encouraged and helped to breast feed her child to six months. However, in spite of this the rate of weaning quickly increases. Most of the infants had some breast milk during the first few weeks of life but lactation was not maintained and only 541 (15·1 %) of the 3,586 children examined in this age group were breast fed at six months.

The feeding of the infant has greatly changed in the last few years and the tendency now is to start mixed feeding in the early months ; this has an influence on the length of time breast feeding is persevered with. At that time the child is having a mixed diet of cereal, fruit and vegetable and, having become accustomed to the added flavours, the child often objects to breast milk. There is no doubt that the children are much improved with the early mixed feeding.

TABLE XIII.—Summary of Defects found in 14,065 Examinations of Children during the year 1959, classified under Sex and Age Groups

[illegible]

[illegible]

Minor Ailments Clinics.—These are held at three of the Maternity and Child Welfare Centres, namely, Orchard Place, Firth Park and Manor Centres, and children are referred from the Infant Consultation sessions for treatment for minor ailments. Details of attendances at these clinics are as follows :—

					<i>Attendances of Children</i>		
<i>Centre</i>					<i>Under 1 year</i>	<i>1—5 years</i>	<i>Total</i>
Orchard Place	..	..	..	..	24	—	24
Firth Park	..	..	..	..	91	10	101
Manor ..	..	..	..	..	542	84	626
TOTALS	..	..	..	..	657	94	751

Ultra Violet Light Clinics.—Sessions were held at four Centres as shown below. Children are referred by the medical officer at the Infant Consultations for a course of 24 treatments and reviewed before a further course is prescribed. The attendances in 1959 are shown below :—

					<i>Attendances of Children</i>		
<i>Centre</i>					<i>Under 1 year</i>	<i>1—5 years</i>	<i>Total</i>
Firth Park	..	..	..	..	28	2,785	2,813
Manor ..	..	..	..	..	127	3,246	3,373
Broadfield	..	..	..	..	3	526	529
Carbrook	..	..	..	..	—	50	50
TOTALS	..	..	..	..	158	6,607	6,765

Particulars follow of the total attendances of all cases and also of the number of new cases which attended in each of the past five years at all consultation and treatment clinics :—

<i>Year</i>	<i>Total Attendances of all Children</i>					<i>Total Children attending for first time</i>	
1955	83,126	..	4,828
1956	80,992	..	5,176
1957	85,661	..	5,520
1958	85,896	..	5,685
1959	89,590	..	6,057

It is gratifying to note that there is a steady rise in the number of children attending the Child Welfare Centres.

Children referred to General Practitioners or Hospital for treatment.—534 of the children who attended at the Centres during the year were referred by the medical staff to their family doctors for treatment, 21 were referred to hospitals, 49 to the school clinic, 176 to the City General Hospital Laboratory for blood count and five to the Chest Clinic.

Children Act, 1948.—One of the Maternity and Child Welfare Medical Officers visits each week children who are under the care of the Children's Officer at Blackbrook Mount, the Moss Residential Nursery and the Reception Centre, Broomgrove Road. Monthly visits are made to Thornseat Lodge, Bradfield, and medical supervision is carried out periodically at Halifax Road and Stradbroke Road Cottage Homes. Foster parents are encouraged to attend the child welfare clinics.

Distribution of Dried Milks and Nutrients during 1959.—At the Maternity and Child Welfare Centres the Government's Welfare Foods, consisting of National Dried Milk, Cod Liver Oil Compound, Vitamin A & D tablets, and concentrated Orange Juice, are distributed. In addition a number of proprietary brands of dried milk and nutrients are available when ordered by the medical and health visiting staff. These commodities are supplied at approximately 10% above cost price to mothers and children attending the clinic, and free of charge in necessitous cases. The following gives details of the various items sold during the year :—

<i>Quantities Distributed</i>	1958	1959
Ostermilk (dried milk)—1 lb. packets	44,129 ..	46,624
Colact—1 lb. packets	9,946 ..	8,470
Cow and Gate (dried milk)—1 lb. packets ..	27,384 ..	33,477
Ovaltine— $\frac{1}{2}$ lb. tins	46,658 ..	47,339
Farex—12 oz. packets	6,508 ..	6,418
Robrex—8 oz. packets	2,471 ..	2,347
Lactagol	1,154 ..	682
Children's tonic—6 oz. bottles	287 ..	292
Adult tonic—12 oz. bottles	234 ..	195
Calcium tablets—packets of 42	13,510 ..	14,224
Ferrous sulphate tablets—tins of 50	15,498 ..	3,240
Ferrous fumarate tablets—packets of 42 ..	307 ..	15,468
Vitamin tablets—packets of 84	12,962 ..	13,268
Virol—6 oz. cartons	3,783 ..	2,969
Halibut Liver Oil—5 c.c. bottles	4,959 ..	3,828
Rose hip syrup—6 oz. bottles	12,937 ..	2,080
do. 8 oz. bottles	— ..	13,433
do. 12 oz. bottles	761 ..	1,878
Robsoup— $2\frac{1}{2}$ oz. tins	3,629 ..	3,390
Citrate of soda—small packets	756 ..	764
Baby Rice—6 oz. packets	5,785 ..	5,386
Triple pack cereal	3,760 ..	4,043
Horlicks	— ..	1,078

National Dried Milk and Vitamins.—The following are details in regard to the distribution of these commodities in the years 1958 and 1959.

<i>Foods</i>	<i>Quantities Distributed</i>	
	1958	1959
National Dried Milk—1½ lb. tins (No. of tins)	51,230	47,050
Cod Liver Oil—6 oz. bottles (No. of bottles)	30,050	29,602
Orange Juice—6 oz. bottles (No. of bottles)	218,190	224,990
Vitamins A and D Tablets—Packets of 45 tablets (No. of packets)	20,064	20,891

MATERNITY AND NURSING HOMES

No new premises were registered as Nursing Homes during the year. On the 31st December, 1959, there were seven Nursing Homes on the register, providing accommodation for 11 maternity and 137 other cases, and these premises were visited as required.

CHILD MINDERS

Under the Nurseries and Child Minders Regulation Act, 1948, six registrations have been granted for the care of a total of 61 children.

HOMES FOR MOTHERS AND BABIES AND HOMELESS CHILDREN

In the last few years increasing attention has been focused on the unmarried mother and the mother who is homeless, and every endeavour has been made to give assistance over a difficult period. Many unmarried expectant mothers attend the Maternity and Child Welfare Centre for ante-natal supervision and confinement arrangements, and all such cases are reported to the Superintendent Health Visitor with a view to investigation as to any difficulty the mother might meet. Arrangements are made as far as possible before the confinement as to the care of the baby and, if adoption is necessary, guidance is given to the mother. If an expectant mother has found it impossible to remain at home during her pregnancy she may be admitted to the Hucklow Road Mother and Baby Home.

During the year 1959, 22 mothers had some period of residence in the Home. 19 were admitted for a period before the baby was born and arrangements made for hospital delivery ; 14 of these mothers returned to the Home from hospital with the baby. Three others were admitted for the first time with the baby, and one mother who was in the Home in 1958 remained for a period in 1959. The 19 mothers who were admitted prior to confinement spent 433 days in the Home, making an average of 23 days per mother ; 17 who were admitted post-natally with the baby spent 629 days in the Home, an average of 37 days per mother.

On investigation of the 22 mothers who were in the Home during the year, 15 were unmarried, and seven were married women. All these mothers were admitted on account of some domestic difficulty. Three of the mothers returned home prior to the confinement ; 9 returned home after their babies were born and three took their babies with them; five of the babies were adopted and one went into a voluntary residential nursery. One mother went to lodgings direct from hospital, one went to stay with her sister and three were discharged to rooms ; all these mothers took their babies with them. One mother was discharged to the House of Help and the baby was adopted ; one mother was admitted after her confinement, the baby having been adopted ; on discharge she went to lodgings. Three mothers and two babies were still in the Home at the end of the year.

The majority of the girls admitted to the Home were expecting their first baby ; a good percentage of these were married women with accommodation problems. The latter present a different type of problem and sometimes it is very difficult to give any constructive help.

Mothercraft is taught, each girl taking complete responsibility for her own baby under supervision. Domestic duties and household management are also taught, and help is given with simple dress-making and knitting if desired. The girls attend the parish church, with the exception of Roman Catholics and practising Nonconformists who attend their respective churches. The majority respond very well to the help offered and are co-operative, leaving the Home with a better sense of values.

Regular visits are paid to the Home by the Superintendent Health Visitor and a member of her staff, the Vicar of the parish, and Roman Catholic priests when there are Roman Catholics in residence ; their help is always to hand when requested by the “ girls ”. The local Moral Welfare workers work in close co-operation with the staff and help regarding affiliation orders and rehabilitation. Domestic posts and lodgings have been obtained when needed from the Home.

Relatives visit the girls regularly. A good number of “ old girls ” visit the Home from time to time, bringing their toddlers with them and in the main they are making good mothers. The health of the staff, girls and babies was very good throughout the year.

The Ladies of the Health Committee have visited the Home, and the staff in particular are grateful for their help and interest.

Admission is sometimes also arranged to hostels in the region provided by religious or voluntary organisations :—

St. Agatha's Church of England Hostel, a home for unmarried expectant mothers, is situated at No. 22, Broomgrove Road and has a complement of 30 beds.

St. Margaret's Girls' Rescue and Maternity Home, Leeds, admits Roman Catholic unmarried expectant mothers from the Sheffield area.

The Salvation Army Home, at Kenwood Park Road, admits various classes of cases, including homeless children, and girls who are lacking adequate control. The Sheffield Branch of Dr. Barnardo's Home also accepts homeless children.

The House of Help also receives married and unmarried mothers, who reside there until a few weeks before the confinement is due.

DAY NURSERIES

“Life is made up of sobs, sniffles and smiles, with sniffles predominating.”

O. Henry (Gifts of the Magi)

The four Day Nurseries at Beet Street, Darnall, Firth Park and Meersbrook Park remained in use during the year 1959. The average daily attendance of 72 was well below the corresponding figure for 1958 (93) ; attendances were unusually low in the first quarter of the year, the prevalence of measles being a contributory factor.

Nurseries are open from 7.30 a.m. to 6.0 p.m. Dinner and tea are provided, and breakfast is also supplied to those children who do not have it at home before being brought to the nursery. The children are divided into two groups, the “babies” and the “toddlers” (over two years). No formal education is carried out, emphasis being placed on toilet training, free play and simple group activities. Children are given the opportunity to learn from experience and discover the fact that growing-up involves giving as well as taking. Despite the rest period after the midday meal it is a long day for those children who are brought early and taken away late. But though the trail is long, rocking horses rarely lack riders, and most of the other children manage to jog along happily until it is time for home.

The reasons for admission in the week ended 12th December, 1959, have been compared with the corresponding periods in 1957 and 1958 :—

<i>Reason</i>	1957		1958		1959	
	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>	<i>No.</i>	<i>%</i>
Parent Widow or Widower	7	4	5	4	5	4
Child Illegitimate	32	20	21	16	18	15
Sickness, confinement or other medical grounds	13	8	17	13	24	20
Parent divorced, separated, deserted	48	29	42	32	40	32
To enable both parents to be gainfully employed	56	34	41	31	29	23
Other reasons	7	4	6	4	8	6
	163	100	132	100	124	100

THE SOCIAL PROBLEM GROUP

By CATHERINE H. WRIGHT, M.B., Ch.B., D.P.H.

Assistant Maternity and Child Welfare Medical Officer

*“ Cast thy bread upon the waters : for thou shalt find it
after many days ”.*

—Ecclesiastes, xi, 1.

During the year two social workers (one for two months only) have been engaged in helping families in chronic difficulties where more intensive support and guidance were required than could be given by other visiting staff in the normal course of their duties.

The problems presented are never simple, and generally the families display very poor social and domestic standards, poor child care, severe marital disharmony, unemployment, and delinquency. The parents show marked mental or physical disability of one kind or another and have not the inner resources to foresee the difficulties their actions may bring on themselves, nor to deal with them when misfortune arrives.

Most of these families are carrying on the pattern of the parents' own childhood environment—almost always found to have been unsatisfactory and unhappy in some way—and their habits of living, personal attitudes, behaviour, and colourful idiosyncrasies, are as fixed and difficult to influence as those of any random citizen. The task of the family case worker is to become an accepted family friend whose judgment and advice is seen to be sound and worth acting on. Occasions may arise when the worker must plead extenuating circumstances before those who have no choice but to apply to the family standards based on the social behaviour of the community in general.

Forty-two families have had this special kind of help, sixteen of which are not now being visited. Nine of these are managing their affairs reasonably satisfactorily and can be relied on to ask for help again should they get into difficulties. Two have left the City. One family was scattered following eviction for non-payment of rent. Three, two of whom are living in rooms, co-operated badly. One other, although considered to be in need of help, declined the visits of the social worker.

Families referred on the wave of a crisis, which they themselves recognise, are more easily helped than those who do not seem to be aware of their own social failings. Some will require support indefinitely, and several already showing signs of social inadequacy are visited in anticipation of the parents being unable to cope as the family becomes larger.

The family case workers find they have to help extricate the families from heavy debts incurred without thought for the weekly outlay required. Husbands, many of whom have a poor work record, are helped to find employment or encouraged to seek psychiatric treatment if their unemployment is due to nervous illness. Mothers have been supported by being given a home help for a few weeks, or by discussions on budgeting ; it is particularly necessary to show an understanding attitude to the overwhelming pressures under which they have to function. The severe marital disharmony common in these families—sometimes based on a too hastily contracted marriage—can often be improved by the third party intervention of the social worker, who is able to create the psychological atmosphere in which a measure of responsibility can be accepted by both parties.

Since the casualties in these families are the personalities of the children, every effort is made to persuade the parents into sounder ways of handling them. Nursery places are offered where there are several children under five, both to relieve the mother and place the child in an environment in which it will imbibe the elementary habit training lacking in its home. Interest is taken in the children of all ages and, where school attendance is very poor, as is so often the case, the deeper reasons are probed. As school-leaving age approaches the adolescents, who are lacking in self-discipline to control their normal drives and who have feelings of anxiety and insecurity where they have not had normal family relationships, are prone to pilfering or other undesirable behaviour in order to compensate for their various deprivations. Vigorous preventive work with adolescents is justified in order to anticipate delinquency, since in punishing this by imposing restraints and segregation, the child becomes the scape-goat for what in many cases is the failure of others.

The families concerned will continue to find themselves from time to time, and in various ways, at odds with the community. The principal aim of family case work is the prevention of neglect of children. Any measure towards this may be considered of positive value, whether it is directed toward the children themselves or the adults responsible for their care.

DENTAL SERVICES

Report of Mr. E. COPESTAKE, L.D.S., Principal School Dental Officer, on the Dental Treatment provided in the School Health Service Dental Clinics for Pre-school Children, Expectant and Nursing Mothers and Mental Welfare Patients.

*“ If all men acted from enlightened self interest there would be
a paradise in comparison with what it is ”*

Bertrand Russell (Can Man be Rational)

In 1959, 152 sessions were allocated to the treatment of mothers and children, representing approximately 5 per cent. of the time dental clinics were open. At the end of the year there were seven clinics in use, staffed by six school dental officers and one part-time medically qualified anaesthetist. The dental staff is pre-occupied with the treatment of school children and is not sufficient in number even to cover that adequately. The difficulties experienced in recruiting more dental staff are such that, neither now nor in the foreseeable future will it be possible to provide more than a small proportion of the treatment to mothers and pre-school children, which is required by them and might be demanded of us.

Pre-School Children.—Facilities were provided at the Manor Child Welfare Clinic for a small pilot survey of the dental condition of pre-school children aged four years to be carried out. Of a group of 64 children, 4 had been persistent dummy suckers and 7 persistent thumb suckers since early childhood. Without having any knowledge of their history, a dental officer selected these 11 children from the 64 examined by the evidence of abnormalities seen in the occlusion of the teeth. A complete examination of the teeth was made to find the extent to which treatment was needed and had been obtained from sources other than that of the School Dental Service. Of a total of 95 children aged 4 years examined in a child welfare clinic and a day nursery, 25 children had received dental treatment and, for them, 98 teeth had been extracted and 4 teeth filled. It was found that the average number of defective teeth extracted, decayed or filled per child was 4·5, and each child needed an average of more than 2 teeth to be filled and 1 extracted.

It was found that in Sheffield children aged 4 years only one child in 5 visits a dentist, only one in 25 has teeth filled and, of every 100 defective teeth which might have been preserved, only one is filled.

Observations.—Approximately one in every 40 mothers, and one in every 100 children in the City aged 3 and 4 years, visited the dental clinics in 1959. It can be assumed that mothers will usually prefer to visit a private dentist who is known to them and from whom they have had treatment on

other occasions. It is recognized however, that very few pre-school children ever visit a dentist and that 3 out of every 4 children aged four years need treatment.

Of those mothers seen, many are between 20 and 30 years of age and one in every 4 is fitted with dentures. They have neglected their own teeth and will neglect those of their children. The treatment which they want, or prefer to reject, is a matter of their own personal environment and experience. The fact that neglected teeth are unsightly, unhealthy and often painful is well known to them, but they also possess the knowledge that dentures are serviceable, do not cause toothache and are preferable to the teeth which they have neglected. Casual reference to the need of treatment for their children to parents who neglect their own teeth is of no value when in their hearts they cannot be bothered to take the active steps needed to visit the dental clinics.

Very few of those living in this country can hope to keep their teeth healthy without the help of regular dental treatment. The aim of such dental health educational programmes as we undertake should have the enlightenment of the public as to the need for dental treatment as its main object. The logical outcome of successful education will be that those with neglected mouths will eventually be regarded with as much distaste as those with verminous heads. If this is not thought to be a possibility, it should be remembered that it is not many years ago that dirty heads were accepted with equanimity and, already in the socially more favoured classes, good teeth are considered to be as essential as attractive hair.

Numbers provided with Dental Care

	<i>Examined</i>	<i>Needing Treatment</i>	<i>Treated</i>	<i>Made Dentally Fit</i>
<i>Expectant and Nursing Mothers</i> ..	206	197	162	137
<i>Children under five</i>	167	138	136	128

Forms of Dental Treatment Provided

	<i>Scalings and Gum Treatment</i>	<i>Fillings</i>	<i>Extractions</i>	<i>General Anaesthetics</i>	<i>Dentures provided</i>		<i>Radio-graphs</i>
					<i>Full upper or lower</i>	<i>Partial upper or lower</i>	
<i>Expectant and Nursing Mothers</i>	35	62	855	143	81	16	10
<i>Children under five</i>	—	35	278	131	—	—	—

Occupation Centres.—The results of an active attempt to secure freedom from dental pain and sepsis among those under 17 years of age in the occupation centres can be assessed from the fact that the need for treatment has so greatly diminished in the last few years. It is a pleasure to recall the confidence which parents have in the treatment provided, confidence which can only be attributed to the enthusiasm and influence of the staff in these centres.

The treatment of 6 bed cases in the kindergarten occupation centres was arranged as in-patients at the Children's Hospital. Of 100 children examined it was found necessary to treat only seven during the year, for whom nine temporary and seven permanent teeth were extracted in the school dental clinics.

With the new and wider responsibilities now placed on the local authority by recent changes in regulations for the care of mental defectives, it would perhaps be appropriate to establish within an occupation centre, a room equipped quite simply, for the dental treatment of both adults and children. This would then solve the difficulties which many of the adults have in knowing when to obtain treatment and how to obtain it. It would obviate too, the suffering which some of them certainly experience over long periods from diseased teeth.

MIDWIFERY

By Mrs. G. J. SPEARING, S.R.N., S.C.M., M.T.D., H.V.Cert.,
Non-Medical Supervisor of Midwives

“ An ill-favoured thing, sir, but mine own.”

William Shakespeare (As You Like It)

At the end of the year 1959 the Municipal Midwifery Staff consisted of one Supervisor of Midwives, one Assistant Supervisor of Midwives, 40 full-time midwives and five part-time midwives directly employed by the Council.

During the year the midwives attended 431 confinements at which the midwife alone was booked, and of these the doctor was called in to assist with the actual birth in 14 cases ; in addition the midwives attended 2,454 confinements at which the doctor was also booked, making a total of 2,885 cases attended by midwives employed by the Council, being 98·9% of the total domiciliary births in the City. The corresponding figures for the year 1958 were 529 and 2,504 respectively, making a total of 3,033 cases attended by midwives employed by the Council, being 96·6% of the domiciliary births.

The midwives have continued to attend their own ante-natal sessions held weekly at the clinics in their areas. This gives them the opportunity of seeing their patients regularly, getting to know them personally and advising regarding preparation for confinement. 2,021 attendances were made at these sessions. If for any reason booked patients cannot attend the clinic sessions the midwives give full ante-natal care to the patients in their own homes.

The midwives are arranged in groups of three or four, and relief during annual leave, weekends and weekly days off is provided by another member of the group. No extra full-time midwives are employed to help with relief but part-time midwives are available to assist with the extra nursings.

Nursing care of the mother and baby in home confinements continues to the 14th day. An arrangement is in operation between the hospitals and the Local Authority whereby all maternity patients discharged home before the 14th day are notified to the Supervisor of Midwives and passed to the domiciliary midwife's care until the 14th day.

Visits are made by the midwives to the homes of expectant mothers who, for social reasons, apply for hospital confinement, and reports are submitted to the Senior Assistant Maternity and Child Welfare Medical Officer before a decision is made as to the place of confinement. 431

visits were made for this purpose. The considerable reduction in the number of visits made is partly due to housing development but mostly to the increased number of expectant mothers who are booked by the hospitals for delivery only and discharged home within 48 hours.

Relaxation and Mothercraft Classes have continued at various centres throughout the year and have been appreciated by the expectant mothers who have taken advantage of the facilities provided.

The following statement gives a summary of the visits made by the midwives during the year 1959 :—

Home visits during ante-natal period	12,213
Nursing visits during the 14 days after confinement	50,807
Visits to mothers confined in hospital and discharged home before the 14th day	10,130
Visits for the purpose of assessing suitability for home confinements	431
Post-natal visits	408
TOTAL	73,989

The increased number of mothers delivered in hospital and discharged home before the 14th day, has resulted in a sharp increase in visits required by the domiciliary midwives.

Midwifery Analgesics.—During the year the midwives administered gas and air analgesia, trilene analgesia and pethedine as follows:—

Of the 653 confinements for which the doctor was booked and was present gas and air was administered in 451 cases, trilene in 136 cases and pethedine in 361 cases.

Of the 1,801 confinements for which the doctor was booked and was not present, gas and air was administered in 1,252 cases, trilene in 217 cases and pethedine in 858 cases.

Of the 431 confinements for which the midwife alone was booked, gas and air was administered in 254 cases, trilene in 50 cases and pethedine in 178 cases.

Resuscitation of the newborn.—The Sparklet Resuscitator has been used on 67 occasions and resulted in a living infant in each case.

Breast Feeding.—Of the 2,885 confinements attended by midwives during the year, 2,342 infants were wholly breast fed when the midwife ceased visiting at the 14th day.

Medical Aid Calls.—There were 556 cases in which medical aid was summoned by midwives during the year under Section 14(1) of the Midwives Act, 1918, as against 514 in 1958. Particulars of these cases are as follows :—

Condition occurring during Pregnancy	31
Condition occurring during Labour	253
Condition occurring during Puerperium	110
Condition occurring in respect of the Infant	168
TOTAL	562

In six cases medical aid was summoned on account of both the mother and baby.

Maternity Packs.—Sterilised maternity packs were used throughout the area at all home confinements, and a special pack is provided for patients discharged from hospital before the 5th day of the puerperium or in the event of a miscarriage occurring.

Pupil Midwives.—49 pupil midwives received district training with approved district teaching midwives in conjunction with the Part 2 training school of the Nether Edge Hospital. This resulted in 45 successful examination entrants, of whom two became members of the Domiciliary Midwifery Staff.

Post-graduate Courses.—Ten midwives attended resident post-graduate courses during the year.

Domiciliary Care of Premature Babies.—This service was continued during the year and the following is a summary of the work in this section during 1959 :—

Infants Born at Home

<i>Weight Group</i>	<i>Number of Infants Born</i>	<i>Remarks</i>	<i>Feeding on Discharge</i>	<i>Number of Visits</i>
2 lbs. 8 ozs. and under	None	—	—	—
2 lbs. 9 ozs.— 3 lbs. 8 ozs.	1	Transferred to hospital	—	—
3 lbs. 9 ozs.— 4 lbs. 8 ozs.	17	2 transferred to hospital— thrived	5 artificially fed 7 breast fed and complementary 5 breast fed	442
4 lbs. 9 ozs.— 5 lbs. 8 ozs.	63	2 transferred to hospital	25 breast fed 20 breast and complementary 18 artificially fed	1,206

Infants Born in Hospital and Discharged to Care of Premature Service

<i>Weight Group</i>	<i>Number of Infants Born</i>	<i>Remarks</i>	<i>Feeding on Discharge</i>	<i>Number of Visits</i>
2 lbs. 8 ozs. and under	1	Twin—thrived	Artificially fed	2
2 lbs. 9 ozs.— 3 lbs. 8 ozs.	3	—	1 breast-complementary 2 artificially fed	7
3 lbs. 9 ozs.— 4 lbs. 8 ozs.	21	—	5 breast fed 12 artificially fed 4 breast-complementary	77
4 lbs. 9 ozs.— 5 lbs. 8 ozs.	72	—	17 breast fed 22 breast and complementary 33 artificially fed	403

A total of 2,137 visits was paid to the 178 premature infants recorded above, making an average of 12 visits per case.

Ophthalmia Neonatorum

There were 11 notifications of ophthalmia neonatorum during the year 1959. The majority of these cases were mild infections and no impairment of vision occurred.

Puerperal Pyrexia

During 1959 notification was received of 245 maternity patients in which puerperal pyrexia occurred. 234 of these patients were delivered in hospital, 24 of which were resident beyond the City boundary ; 11 were delivered at home. 9 of these cases were nursed entirely at home and two were transferred to hospital. All the Sheffield cases were visited by a member of the Domiciliary Midwifery Service staff.

HEALTH VISITING

By MISS I. LITTLEWOOD, S.R.N., S.C.M., H.V.Cert., Superintendent
Health Visitor

“ Feet that run on willing errands.”

Henry Longfellow (Hiawatha)

At the end of the year 1959, the staff of Health Visitors consisted of a Superintendent Health Visitor, a Deputy Superintendent Health Visitor, two Centre Superintendents and 37 full-time qualified Health Visitors. In addition there were three Student Health Visitors, taking the training course, who will return to the Department on obtaining the Health Visitors' Certificate and will remain for at least two years on completion of training.

The Health Visitors are required to undertake visiting for the purpose of general supervision in connection with the care of mothers and young children ; they undertake the care of some expectant mothers but to a less degree than formerly as this work has been mainly undertaken by midwives. The service has continued to expand in recent years and includes the general care and health education of the household as a whole ; special attention is paid to the general care of old people. Their activities extend into the field of prevention of illness, and care and after-care for all members of the family. The welfare of young children is supervised at the discretion of the Health Visitor until the age of five years, when records are transferred to the School Health Service. Enquiries are made in connection with persons suffering from whooping cough, rheumatism, scarlet fever, poliomyelitis, measles and all other notifiable infectious diseases with the exception of the intestinal diseases.

Co-operation with Hospitals.—Ten Health Visitors are attached to the hospitals in the City namely, Royal Hospital, Royal Infirmary, City General Hospital, Fir Vale Infirmary, Jessop Hospital for Women, Nether Edge Hospital, Lodge Moor Hospital, Children's Hospital and Winter Street Hospital and Whiteley Wood Psychiatric Clinic. These Health Visitors see the hospital Almoner at least once a week to collect information regarding patients who are to be discharged and who will need some form of after-care. They also discuss the suitability of the home for the reception of a person likely to be discharged from hospital. Information is given to the Health Visitor for the district in which the out-going patient lives, and she arranges for help to be given in respect of beds, bedding and nursing equipment where necessary ; she also requests the services of a domestic

help if needed ; advice is given on diet and other problems. In relation to the Whiteley Wood Psychiatric Clinic, Case Conferences are held weekly, chiefly for mothers attending the clinic who have young children. Domestic Help may be provided to care for the family while the mother attends for treatment, or the children may be admitted to a day nursery.

Visits are paid to the homes of hospital out-patients who have defaulted in their attendance, in order to give another appointment and encourage the patients to keep under regular supervision and continue with the necessary treatment.

488 cases were referred by the almoners as compared with 448 in 1958. As a result of the Health Visitors' reports, much assistance continues to be given in dealing with the many social problems associated with ill-health.

The results of the visits may be classified as follows :—

<i>Reason for Visit</i>	<i>Number of Visits</i>	<i>Result</i>	
Home conditions or after-care of Adults on or before discharge from hospital.	242	(a) Home conditions satisfactory	90
		(b) Domestic Help arranged ..	82
		(c) Home Nursing provided ..	25
		(d) Nursing Equipment loaned	25
		(e) Sanitary defects reported ..	12
		(f) Meals on Wheels provided..	6
		(g) Transferred to Fir Vale Inf. ..	2
Home conditions or after-care of Children on or before discharge from hospital.	86	(a) Home conditions satisfactory	53
		(b) Special advice given <i>re</i> care of child	27
		(c) Sanitary defects reported ..	6
Home conditions of out-patients and "follow-up" of defaulters from Out-Patient Clinics.	160	(a) Home conditions satisfactory	48
		(b) Appointments made for re-attendance	25
		(c) Domestic Help arranged ..	38
		(d) Patient deceased	5
		(e) Sanitary defects reported ..	8
		(f) Under care of own doctor ..	2
		(g) Admitted to hospital ..	4
		(h) Nursing Equipment loaned	11
		(i) Home Nursing provided ..	11
		(j) Unable to trace	2
		(k) Left City	2
		(l) Meals on Wheels provided ..	4

The Almoners are given all the information regarding these visits.

General Practitioners and Health Visitors.—The relationship is continually improving and more general practitioners now communicate with the health visitors personally.

Tuberculosis and B.C.G. Vaccination.—The important part played by Health Visitors is fully discussed in the section on Prevention of Tuberculosis on page 77.

Poliomyelitis Virus Survey.—The work on the investigation of the prevalence of poliomyelitis virus in the faeces of normal children from the age of six months to four years, commenced in May, 1957, was completed in June, 1959, and during the year a further 300 visits were paid to the homes of co-operating parents.

Accidents in the Home.—On receipt of reports from the City hospitals of burns, scalds and other accidents occurring in the home, which have been treated at the out-patients' department or in hospital, the Health Visitors visit the children who are under five years of age, and all the old people over 65 years ; enquiries are made into the circumstances of the accidents, and advice is given in regard to their prevention and the safeguarding of the children. Fire guards have been loaned where there is danger of an old, blind or other disabled person falling into the fire ; 77 guards were provided during the year through the Care and After-Care Service.

Welfare of Children.—Complaints regarding overcrowding and unsatisfactory home conditions in which children are involved and reports regarding neglect of children are investigated by the Health Visitors ; such cases are kept under regular supervision. Information received is confidential and, as knowledge of the nature of the work becomes widespread, more cases are revealed to the Department. During the year, co-operation has been received from the Inspectors of the National Society for Prevention of Cruelty to Children, and much valuable information has been exchanged at the Co-ordinating Committee's meetings which are attended by the Deputy Superintendent Health Visitor.

Care of the Aged.—During the year, many requests have again been received for help from, and in connection with, people suffering from old age and infirmity ; these requests come from various sources, e.g., other Corporation departments, general practitioners, clergy, voluntary societies, National Assistance Board officers, police, relatives and neighbours. Every case is visited by a Health Visitor and, where possible, help is given.

On many occasions the Health Visitor contacts the medical practitioner and discusses the case with him. Where hospital admission is necessary in the case of the aged, a report setting out the difficult social problem will often accelerate admission. In cases of illness, it may be possible to provide a domestic help or to arrange for a Meals on Wheels Service. These cases are kept under regular supervision.

In many cases, with the co-operation of the general practitioner, it has been possible to arrange for convalescent treatment. At times it has been necessary to contact relatives in various parts of the country in connection with an old person whose condition has deteriorated.

In the course of duty, considerable help has been received from the National Assistance Board officials in the supply of bedding, clothing, shoes, etc. The health visitors have undertaken to spend the grants on behalf of the patients who are aged, sick or irresponsible. Grants have also been given for special diets. It has always been found that these officers are anxious to help to the fullest possible extent.

During the year the close co-operation between the Geriatric Unit at Fir Vale Infirmary and this Department has continued to work satisfactorily. Each month a case conference is held which is attended by a representative of the Social Care Department, the Medical Officer in charge of the Unit, the Ward Sister, the Almoner and Health Visitors. All cases considered fit for discharge home are reviewed, and the home conditions are investigated by the Health Visitors. Where conditions are suitable, the patients are discharged to their own homes on the understanding that, should deterioration take place, immediate readmission can be arranged.

In the course of work amongst the aged it is found that some old people, especially those living alone, are incapable of taking a bath. In such cases arrangements can be made through the department for a male or female attendant to visit weekly to give assistance. When people requiring this service are mobile, arrangements can be made for a bath at the cleansing station, and during the year a few people have been transported by ambulance car for this purpose.

At Christmas time the Women's Co-operative Guild gave one hundred food parcels for distribution amongst the elderly and needy people who were known to the Health Visitors. During the year the Hallamshire Round Tablers offered assistance to needy elderly and infirm persons. The Council of Social Service provided radio sets to certain house-bound persons, and made friendly visits where the Health Visitor knew that such visits would be appreciated. These services and gifts were very much appreciated by the recipients.

Meals on Wheels.—Co-operation between the Public Health Department and the Voluntary Services has been a feature in the scheme for supplying “meals on wheels” to certain old people and handicapped persons. In September, 1957, the Council of Social Service and the Women’s Voluntary Service arranged a pilot scheme for supplying two meals per week, to operate over an area of one mile radius from the City centre, and asked for all applicants to be visited by the Health Visitor to assess and make recommendations according to need. During 1958 the City Council made a grant in order that the pilot scheme should continue with a view to providing a more comprehensive service. This was inaugurated on the 1st April, 1959, the Council of Social Service undertaking the cooking and distribution of the meals, and the Local Authority providing transport and finance. A specially constructed van was purchased and the scheme was launched by the Lord Mayor.

By the end of the year the number of persons receiving the service had increased from 43 to 460, two meals being provided for each person per week. During this period a total of 20,311 meals was served.

Some difficulties have arisen, which is inevitable in a new service, but have been smoothed out by the co-operation and understanding between the General Secretary of the Council of Social Service and the Superintendent Health Visitor.

On the 31st December, 1959, three vans were being used. The service has become very popular and is still increasing ; the partnership is a good example of a Voluntary Service and Local Authority working together.

During the operation of the scheme we have found that the service has been of particular help to elderly people discharged from the Geriatric Unit; also to persons suffering from malnutrition, especially those discharged from hospital after treatment for malnutrition, where it has been possible through the scheme to maintain the improvement achieved while in hospital. Other persons who have benefited by the scheme are those who are housebound or partly housebound on account of old age and frailty or other disabling conditions, e.g., arthritis, heart conditions, paralysis, blindness.

Training of Nurses and Students.—Medical, nursing and social science students are among the visitors to the Department. Some of the students accompany the Health Visitors on their rounds to enable them to gain an insight into the living conditions of people in their own homes. The Superintendent Health Visitor attends the School of Nursing in order to give lectures, and arranges observation visits to Maternity and Child Welfare Centres and the district nurses’ home. The Deputy Superintendent Health Visitor gives talks to first year nursing students at the City General

Hospital, and a Health Visitor also attends group discussions at the City General Hospital which are held every three months for the nurses in training.

Other Work.—During the year co-operation has continued with the Venereal Disease Clinics. The Deputy Superintendent Health Visitor visits the clinic once a week and collects information regarding defaulters whom she visits. It has been gratifying that a large number of patients have been persuaded to return to the clinic for supervision and treatment. In 1959 306 visits were made as compared with 237 in 1958 and the visiting of defaulters is increasing.

All applications which do not conform with the usual requirements for admission to the day nurseries, *i.e.*, that the mother is working, are dealt with, and the Health Visitor calls and submits a report in regard to the home circumstances and the need for the admission of the children to the Nurseries.

Five of the Health Visitors attended a post certificate course—four at Cambridge and one at Sheffield. One Health Visitor went to the Summer School of the Central Council for Health Education, at Bangor.

Arrangements are still in operation for the loan of scales in cases where a baby is in need of test feeding ; the scales are transported to the mother's home by this department, and the Health Visitor calls to instruct the mother in their use.

Liaison between the Health Visitors and the Family Service Unit has continued. Help has been given to families with a problem. For example, it has been possible to arrange for convalescent treatment for debilitated mothers, to provide domestic help in selected cases, or admit some of the children to day nurseries. The Health Visitors work in close co-operation with the department's social workers (see page 42).

Health Education has been given at seven clinic centres during the year ; the classes are held on one afternoon each week and consist of talks to expectant mothers and also to mothers with young children. Further details are given on page 195.

The following shows new cases and total attendances at mothercraft classes :—

Centre				New				Total Attendances			
Firth Park	..	..	..	217	..	..	..	1,136			
Manor ..	..	..	..	205	..	..	..	865			
Hillsborough	..	..	..	96	..	..	..	695			
Burngreave	..	..	..	75	..	..	..	234			
Broadfield	..	..	..	179	..	..	..	824			
Carbrook	..	..	..	86	..	..	..	467			
Greenhill	..	..	..	6	..	..	..	33			
TOTALS	..	..	..	864	..	..	..	4,254			

The Health Visitors have been responsible for talks to Young Wives' Clubs, Men's and Women's Guilds, Mothers' Union, Girls' Life Brigades, etc., most of these being done during the evening. A Parents' Club has been formed at one of the Centres and also evening sessions have been arranged for parents. Further details are given in the Health Education Section Report on Page 196.

In addition to the above services the Health Visitors attend clinics which are held for mothers and children at the twenty-three Maternity and Child Welfare Centres. During the year 1959, they made an aggregate of 9,352 attendances at infant, ante-natal, post-natal and other clinics in the Maternity and Child Welfare Services ; this figure also includes attendances at B.C.G. school sessions, medical examination of adults, hospital sessions in connection with children, Chest Clinic sessions, visits to hospital almoners, etc. Integration with the School Health Service started on the 1st June, 1959, and seven of the existing Health Visitors have been doing combined duties in the School Health Service and the Health Visiting Service. The Superintendent Health Visitor attends Committees of both the Family Service Unit and the Moral Welfare Case Committee which are held monthly ; the Superintendent or her Deputy also serves on the Adoption Committee held fortnightly, the Co-ordinating Committee regarding problem families held monthly, and the Geriatric Committee which is also held monthly.

During the year, a total of 70,110 visits was paid by Health Visitors. A summary of these visits is given in the table which follows :—

TABLE XIV.—Summary of Visits of Health Visitors during the year 1959

Summary of Visits of Hospital Patients during the year 1906							Number of Visits	
Infants under 1 year—First Visits	..	..	..	7,846			
Subsequent Visits	..	..	..	11,713			
							19,559	
Infants between 1 and 5 years of age	..	..	..	..	..		29,952
Children over 5 years of age	..	..	..	..	..		1,227
Acute Rheumatism	..	..	..	..	..		8
Scabies	..	..	..	..	..		74
Whooping Cough	..	..	..	..	..		127
Measles	..	..	..	..	..		3,347
Scarlet Fever	..	..	..	..	..		412
Pneumonia	..	..	..	..	..		282
Poliomyelitis	..	..	..	..	..		18
Meningitis	..	..	..	..	..		38
Erysipelas	..	..	..	..	..		54
Venereal Disease	..	..	..	..	..		306
Paratyphoid	..	..	..	..	..		16
Other Infectious Diseases	..	..	..	..	..		27
Ex-Hospital Cases <i>re</i> After-Care	..	..	..	..	..		441
Expectant Mothers—First Visits	..	..	..	422			
Subsequent Visits	..	..	..	82			
							504	

	<i>Number of Visits</i>							
Post-Natal Cases	262
Tuberculosis—Pulmonary..	3,467
Non-Pulmonary	225
								<hr/> 3,692
Tuberculosis contacts	681
B.C.G.	447
Jelly tests	1,443
Mantoux test readings	29
Immunisation and vaccination visits	260
Poliomyelitis virus survey	300
Domestic Help Service	121
Old people	4,616
Nursing Homes	11
Child Minders	15
Mother and Baby Homes	7
Day Nurseries	45
Hospitals	176
Hospital Almoners	363
Chest Clinic..	38
Medical Practitioners	29
Visits in regard to :—								
Investigation of Infant Deaths	21
Investigation of Stillbirths	137
Home Conditions	31
Handicapped Persons	255
Problem families	487
Accidents in the Home	23
Other Reasons	229
								<hr/>
TOTAL	<hr/> 70,110 <hr/>

In addition, the Health Visitors paid 10,534 ineffectual visits during the year.

Care of Premature Infants.—With a view to obtaining immediate information regarding premature babies born in the City, the weight of the baby at birth is reported on the notification of birth form, and the information is passed on to the Health Visitors so that special attention may be given.

During 1959, 115 premature infants were born alive at home and 411 were born in hospital or nursing home to Sheffield residents, making a total of 526 premature infants as compared with 587 in 1958. 21 small or feeble infants were transferred from home to hospital. The rate of survival of very small immature infants is poor ; of the 54 infants weighing 3 lbs. 4 ozs. or less at birth, only 16 were alive at the end of the 28 day

period. The causes of the 64 deaths of premature infants weighing 5 lbs. 8 ozs. and under were classified as follows :—

Prematurity	41
(27 infants were immature weighing under 3 lbs.)	
Prematurity and intracranial haemorrhage	11
Prematurity and atelectasis.. .. .	4
Prematurity and congenital malformations	5
Prematurity and hyaline membrane disease of lungs	1
Prematurity and haemolytic disease of the newborn	1
Prematurity and meningitis	1
TOTAL	<u>64</u>

During the year there were 100 premature stillborn babies to Sheffield residents in all weight groups ; 87 children were born in hospital and 13 were born at home. This number shows a decrease compared with the premature stillbirths for 1958, when there were 118, of which number 102 were born in hospital, and 16 at home. The details are as follows in the various weight groups for 1959 :—

<i>Weight at Birth</i>	<i>Born in Hospital</i>	<i>Born at Home</i>	<i>Born in Nursing Home</i>	<i>Total</i>
3 lbs. 4 ozs. or less	42	3	—	45
Over 3 lbs. 4 ozs.—4 lbs. 6 ozs.	17	2	—	19
Over 4 lbs. 6 ozs.—4 lbs. 15 ozs.	12	1	—	13
Over 4 lbs. 15 ozs.—5 lbs. 8 ozs.	15	4	—	19
Not weighed	1	3	—	4
TOTALS	<u>87</u>	<u>13</u>	<u>—</u>	<u>100</u>

Information is given in the statement below regarding the 526 premature babies born in 1959 to mothers who were resident in the City.

	<i>Born at Home</i>	<i>Born in Hospital or Nursing Home</i>
Died in first 24 hours	5	39
Died on 2nd to 7th day	3	16
Died on 8th to 28th day	—	—
Survived 28 days	107	356
TOTALS	<u>115*</u>	<u>411</u>

* Of the 115 babies born at home, 94 were nursed entirely at home and 21 were transferred to Hospital.

Of the 21 transferred to Hospital, 2 died during the first 24 hours, 3 died on the 2nd to 7th day, and 16 survived 28 days.

Further information is given in the following table with regard to the birth weights of premature babies born alive to Sheffield residents during the year 1959.

TABLE XV.—Premature Babies born alive to Sheffield Residents during the Year 1959

	3 lbs. 4 ozs. or less	Over 3 lbs. 4 ozs. to 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. to 4 lbs. 15 ozs.	Over 4 lbs. 15 ozs. to 5 lbs. 8 ozs.	Not weighed	Total
Born at home	5	15	25	69	1	115
Born in hospital or nursing home ..	49	78	103	180	1	411
Grand Total—Premature Babies ..	54	93	128	249	2	526
Died in First 24 hours						
Born at home	4	—	—	1	—	5
Born in hospital or nursing home ..	26	7	3	2	1	39
	30	7	3	3	1	44
Died on 2nd to 7th day						
Born at home	1	1	1	—	—	3
Born in hospital or nursing home ..	7	4	4	1	—	16
	8	5	5	1	—	19
Died on 8th to 28th day						
Born at home	—	—	—	—	—	—
Born in hospital or nursing home ..	—	—	—	—	—	—
	—	—	—	—	—	—
Total who died during first 28 days						
Born at home	5	1	1	1	—	8
Born in hospital or nursing home ..	33	11	7	3	1	55
	38	12	8	4	1	63
Total who survived 28 days						
Born at home	—	14	24	68	1	107
Born in hospital or nursing home ..	16	67	96	177	—	356
	16	81	120	245	1	463

Percentages of those born at home who died during the first 28 days	100·0 (5)	6·7 (1)	4·0 (1)	1·4 (1)	—	7·0 (8)
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Percentage of those born in hospital or nursing home who died during the first 28 days	67·4 (33)	14·1 (11)	6·8 (7)	1·7 (3)	100 (1)	13·4 (55)
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Percentage of all premature babies who died during the first 28 days	70·4 (38)	12·9 (12)	6·2 (8)	1·6 (4)	50 (1)	12·0 (63)
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Total Live Births to Sheffield Residents Notified during 1959	7,697	Number of Premature Births	526	Percentage of Premature Births to Total Live Births	6·83
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Total Stillbirths to Sheffield Residents Notified during 1959	158	Number of Premature Births	526	Percentage of Total Still Births to Premature Births	30·04
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54 (0·70%) of all live births weighed 3 lbs. 4 ozs. or less.

93 (1·21%) of all live births weighed over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.

128 (1·66%) of all live births weighed over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.

249 (3·23%) of all live births weighed over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.

HOME NURSING

By MISS M. MCGONIGLE, S.R.N., S.C.M., Q.N.Cert., H.V.Cert.,
Superintendent, Home Nursing Service

“ Be not slow to visit the sick :

for that shall make thee to be beloved.”—Ecclesiasticus vii, 35

During the year under report reorganisation of the Home Nursing Service has taken place. Simultaneously, members of the administrative staff have been redesignated and, at the end of the year, consisted of the following :—1 Superintendent, 1 Deputy Superintendent and 2 Assistant Superintendents. The nursing staff employed consisted of :—32 full-time female nurses, 2 full-time male nurses, 37 part-time female nurses, 13 female students, 1 male student and 1 bathing assistant.

All districts within the City are covered by Home Nurses from 8.30 a.m. to 1.30 p.m. and from 4 p.m. to 6 p.m. From 6 p.m. to 10 p.m. there is a rota of nurses who carry out late visits as required. During the hours 10 p.m. to 8.30 a.m. a member of the administrative staff may be contacted by telephone to deal with any emergency that might arise.

The majority of cases are referred by general practitioners, with whom a very good liaison is maintained. Almost all the doctors make personal contact with the service when referring patients and give a very helpful picture of the cases to be visited.

Reorganisation.—Owing to the lack of resident nursing staff, the Princess Mary Nurses' Home was closed and the administration of the service for the districts previously covered from this Home was transferred to a non-resident Home Nursing Centre which has been established at the Firth Park Maternity and Child Welfare Centre. The accommodation at the Centre consists of an office and a district room. It is envisaged that early in 1960, a further non-resident Home Nursing Centre will be established at the Manor Maternity and Child Welfare Centre and this will serve as the administrative headquarters for the districts in that part of the City. Arrangements are being made for suitable ambulant patients to attend these non-resident Centres for treatment, *e.g.*, simple dressings and injections. During 1959, 3,555 patients received injections (50·5% of all cases nursed). Many of these could attend a centre for their treatment, thus enabling the visiting nurses to give more time to patients confined to their homes. It is hoped that these arrangements will also relieve the pressure of attendances at doctors' surgeries.

The Johnson Memorial Home is now established as the principal Training Home and Lecture Block Centre, providing residential accommodation for certain administrative staff, home nurses and students,

and there is a resident housekeeper. Pupil midwives are also in residence at this Home.

Lecture Block.—The lecture block system of theoretical training of Student District Nurses, which was inaugurated early in 1958, is proving to be a satisfactory method of teaching students.

A Block of four weeks is arranged three times per year when different groups of students leave their districts and come into the classroom. 31 students attended the three lecture blocks during the year under report and, of these, 20 were trained in Sheffield (8 of these were staff students, 11 were trained for the West Riding County Council and one for the Nottinghamshire County Council). Of the remaining eleven, 6 were Rotherham students, 4 were from Barnsley and one was from Bradford.

Refresher Courses.—An Assistant Superintendent and four nurses attended Refresher Courses in District Nursing.

Centenary Year.—During 1959, the Queen's Institute of District Nursing celebrated their centenary. Four members of the Home Nursing Staff of the city attended a Review of District Nursing by H. M. Queen Elizabeth, the Queen Mother, which was held in Buckingham Palace Gardens on 1st July. One member of the staff had the honour of being addressed by Her Majesty and another member presented a purse which contained an amount of money raised by the staff.

The work carried out by Home Nurses during the year is summarised as follows :—

Number of cases on the Register at 1st January, 1959	2,057
Number of new cases attended by the nurses during the year ..	4,978
Total number of cases attended by the nurses during the year ..	7,035
Number of cases removed from the Register during the year ..	5,003
Number of cases on the Register at 31st December, 1959 ..	2,032
Number of visits made by the nurses during the year	229,213

The 7,035 cases nursed during 1959 were referred by the following :—

Medical Practitioners	5,555
Hospitals	1,097
Personal Application at Nurses' Homes	300
Maternity and Child Welfare Centres	55
Personal Applications at the Home Nursing Centre	28
TOTAL	7,035

These cases may be classified as under :—

Medical	..	..	..	..	..	..	..	6,157
Surgical	..	..	..	..	..	..	..	777
Gynaecological	..	..	..	..	..	..	..	49
Maternity	..	..	..	..	..	..	..	52
TOTAL								<u>7,035</u>

The types of nursing carried out were as follows :—

Injections	..	..	..	..	..	..	..	3,555
General nursing care	..	..	..	..	..	..	..	1,708
Enemas	..	..	..	..	..	..	..	479
Dressings	..	..	..	..	..	..	..	854
Preparation for diagnostic investigation	..	..	..	..	..	..	..	82
Bed baths	..	..	..	..	..	..	..	201
Washouts, douches, catheters, etc.	..	..	..	..	..	..	..	89
Changing of pessaries	..	..	..	..	..	..	..	61
Others..	..	..	..	..	..	..	..	6
TOTAL								<u>7,035</u>

Of the patients nursed, there were 3,758 (53·4 per cent.) who were aged 65 years or over.

The following Table gives a summary of the cases nursed, classified according to illness, sex and age-group.

TABLE XVI.—Summary of Cases Nursed during 1959, classified according to Illness nursed, Sex and Age Group

Illness Nursed	ALL AGES		0—4 years		5—14 years		15—44 years		45—64 years		65+ years	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Tuberculosis	38	27	1	—	—	—	15	20	18	4	4	3
2. Other infectious diseases including :— common childhood fevers (measles, etc.), food poisoning, dysentery, venereal diseases, erysipelas, poliomyelitis, herpes zoster Excluding :— influenza, pneumonia, gastro-enteritis	12	9	—	—	4	1	5	3	3	—	—	2
3. Parasitic diseases including :— worms, scabies, pediculosis	2	5	—	—	—	—	—	3	2	—	—	—
4. Malignant and lymphatic neoplasms ..	209	296	—	—	—	—	6	12	96	105	107	179
5. Asthma.. .. .	7	14	—	—	—	—	1	2	2	5	4	7
6. Diabetes mellitus	36	309	—	—	—	1	2	6	11	98	23	204
7. Anaemias	47	316	—	—	—	—	8	47	17	111	22	158
8. Vascular lesions of the central nervous system	247	380	—	—	—	—	—	—	78	123	169	257
9. Other mental and nervous diseases includ- ing :— psychosis, melancholia, senile dem- entia, psychoneurosis, neurosis, anxiety, alcoholism, drug addiction, mental defici- ency, disseminated sclerosis, paralysis agitans, spastic paralysis, long-standing hemiplegia, epilepsy, progressive muscular atrophy, neuralgia, neuritis, sciatica	44	98	—	—	—	—	12	21	14	32	18	45
10. Diseases of the eye	5	7	1	—	—	—	—	2	2	—	2	5

TABLE XVI.—Continued

<i>Illness Nursed</i>	<i>ALL AGES</i>		0—4 years		5—14 years		15—44 years		45—64 years		65+ years	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
11. Diseases of the ear	17	22	2	2	10	9	2	8	2	3	1	—
12. Diseases of the heart and arteries ..	532	722	—	—	1	—	10	64	208	209	313	449
13. Diseases of the veins.. .. .	28	97	—	—	—	—	3	7	17	59	8	31
14. Upper respiratory diseases including :— common cold, acute sinusitis, acute tonsillitis, influenza	101	82	5	3	15	15	63	43	10	11	8	10
15. Other respiratory diseases including :— pneumonia, bronchitis, empyema, pleurisy (except tuberculosis), congestion of lung, bronchiectasis	421	411	5	4	7	4	68	40	191	154	150	209
16. Constipation	140	232	7	9	3	1	9	21	35	44	86	157
17. Other diseases of the digestive system including :— disorders of teeth, tongue and mouth, gastric, duodenal and peptic ulcer, gastritis, appendicitis, hernia, intestinal obstruction, gastro-enteritis, fissure in ano, cirrhosis of liver, cholecystitis, gall-stones ..	315	338	3	1	1	2	87	72	105	120	119	143
18. Diseases of the urinary system and male genital organs	77	95	1	—	—	—	11	20	30	64	35	11
19. Diseases of the breast and female genital organs	—	279	—	—	—	—	—	79	—	77	—	123
20. Complications of pregnancy and the puerperium	—	52	—	—	—	—	—	52	—	—	—	—

TABLE XVI.—Continued

<i>Illness Nursed</i>	<i>ALL AGES</i>		<i>0—4 years</i>		<i>5—14 years</i>		<i>15—44 years</i>		<i>45—64 years</i>		<i>65+ years</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
21. Diseases of skin and subcutaneous tissues ..	79	95	2	1	2	2	23	20	30	29	22	43
22. Diseases of bones, joints and muscles ..	28	110	—	1	3	1	8	6	9	24	8	78
23. Injuries	64	178	4	2	5	5	15	14	6	41	34	116
24. Senility	143	233	—	—	—	—	—	—	—	—	143	233
25. Congenital Malformations	2	3	2	3	—	—	—	—	—	—	—	—
26. Amputations	11	7	—	—	—	—	—	2	3	—	8	5
27. Ill-defined diseases or disabilities	2	11	—	—	—	—	—	3	—	4	2	4
TOTALS ACCORDING TO SEX AND AGE GROUPS ..	2,607	4,428	33	26	51	41	348	567	889	1,322	1,286	2,472
TOTALS IN AGE GROUPS ..	7,035		59		92		915		2,211		3,758	

VACCINATION AND IMMUNISATION

“ I must be cruel, only to be kind.”

—William Shakespeare (*Hamlet*).

Under the National Health Service Act, 1946, the City Council has the duty of making arrangements with medical practitioners to provide free vaccination against smallpox and immunisation against diphtheria. The Minister of Health has also approved proposals for vaccination against poliomyelitis and immunisation against whooping cough and tetanus. Facilities are also available for vaccination and immunisation at Child Welfare Centres and at School Clinics by the Local Authority's own medical staff.

Poliomyelitis Vaccination.—During the year 35,301 persons completed a course of two injections compared with 56,091 in 1958 and 16,422 in 1957. In addition, considerable progress was made with the third injections authorised in Ministry of Health Circular 20/58, 42,114 persons receiving a reinforcing injection.

In April there was a greatly increased demand from young people in the 15-26 age group, following the death of an international footballer. In a period of eight days over 6,000 new applications were dealt with at “ open sessions ” alone, but unfortunately it became necessary to suspend these due to shortage of vaccine. The number of registrations received in the few weeks after the suspension was considerably less than the number of applications that could have been expected if the vaccine supply position had made it possible to continue the “ open sessions ” without interruption.

During the autumn half-term holiday almost all the school clinics were brought into use when 14,567 children responded to invitations to attend for third injections.

At 31st December, 1959, the position from the commencement of the scheme was as follows :—

Persons who had completed a course of two injections :—

	1956-58	1959	Total
Young Persons born 1933-42	4,593	17,724	22,317
Children born 1943-1959	66,973	13,171	80,144
Expectant mothers	599	1,147	1,746
Other priority groups	2,653	3,259	5,912
	<u>74,818</u>	<u>35,301</u>	<u>110,119</u>

Courses of two injections given :—

	1956-58	1959	Total
By General Medical Practitioners	8,910	9,503	18,413
At Maternity and Child Welfare Centres ..	29,480	23,654	53,134
At School Health Service Clinics	35,570	373	35,943
At Hospitals	858	1,771	2,629
	<u>74,818</u>	<u>35,301</u>	<u>110,119</u>

Persons who had received three injections :—

Young persons born 1933-42	1	2,672	2,673
Children born 1943-59	196	38,732	38,928
Expectant mothers	—	6	6
Other priority groups	—	704	704
	<u>197</u>	<u>42,114</u>	<u>42,311</u>

The years of birth of the 102,461 children and young persons who had completed a course of two injections were as follows :—

<i>Year of Birth</i>	<i>Number</i>	<i>Year of Birth</i>	<i>Number</i>	<i>Year of Birth</i>	<i>Number</i>
		<i>b/f</i>	19,496		<i>b/f</i> 67,300
1933	1,652	1942	2,821	1951	4,910
1934	1,926	1943	4,440	1952	4,675
1935	2,023	1944	5,861	1953	4,030
1936	2,057	1945	4,996	1954	4,162
1937	2,200	1946	5,745	1955	4,042
1938	2,278	1947	6,880	1956	4,309
1939	2,385	1948	6,127	1957	4,499
1940	2,487	1949	5,655	1958	3,904
1941	2,488	1950	5,279	1959	630
	<u>c/f 19,496</u>		<u>c/f 67,300</u>	<u>TOTAL</u>	<u>102,461</u>

Smallpox Vaccination.—Information is given in the statement below relating to vaccination and revaccination in the years 1953 to 1959.

<i>Year</i>	<i>Aged under 1 year</i>	<i>1 and under 5 years</i>	<i>5 and under 15 years</i>	<i>15 years and over</i>	<i>Total</i>
PERSONS VACCINATED—					
1953	1,157	1,093	158	346	2,754
1954	1,261	1,122	80	180	2,643
1955	866	1,243	78	242	2,429
1956	1,040	1,397	72	234	2,743
1957	1,615	1,374	132	277	3,398
1958	2,102	1,830	156	337	4,425
1959	2,120	1,881	117	271	4,389
PERSONS REVACCINATED—					
1953	—	19	58	1,034	1,111
1954	—	15	38	427	480
1955	—	14	43	550	607
1956	—	17	52	535	604
1957	—	24	36	511	571
1958	—	15	47	698	760
1959	—	17	42	583	642

The primary vaccinations and revaccinations during 1959 were carried out as follows :—

		<i>Primary Vaccinations</i>	<i>Revaccinations</i>
By General Medical Practitioners	.. ..	1,405	519
At Maternity and Child Welfare Centres	..	2,817	13
At Hospitals	.. .. .	167	110
		<hr/>	<hr/>
TOTALS	.. ..	4,389	642
		<hr/> <hr/>	<hr/> <hr/>

Following the introduction of voluntary vaccination in 1948 there was a very marked decline in primary vaccination, although the position has since improved. An illustration of this is that in 1947 the number of children vaccinated under one year was 32 per cent. of the births during the year ; in 1949 this figure dropped to seven per cent. but by 1959 it had risen to 28 per cent. It is estimated that by the time children reach the age of 5 years about half have been vaccinated.

Infant vaccination provides young children with an immunity against smallpox which can be expected to last for several years ; moreover, it ensures that there will be less likelihood of a severe local reaction or the rare but serious complication, encephalomyelitis, if vaccination is performed later in life. Vaccination is a routine procedure in the Forces and an International Certificate of vaccination against smallpox is a condition of entry into many countries. With the growth of air travel this requirement is becoming of increasing importance. In addition, vaccination may always have to be carried out as an emergency measure because of contact with a suspected case of smallpox.

Diphtheria Immunisation.—A diphtheria immunisation service has existed in Sheffield since 1941. A total of 7,376 children under 15 years of age completed the course of immunisation in 1959 as against 7,213 in 1958. The following statement gives particulars of the number of persons who have been immunised since 1953 :—

		<i>Number of persons who completed the course</i>				<i>Total</i>
		<i>Under 1 year</i>	<i>1 and under 5 yrs.</i>	<i>5 and under 15 yrs.</i>	<i>15 years and over</i>	
1953	.. ..	354	4,797	1,175	7	6,333
1954	.. ..	619	4,554	919	9	6,101
1955	.. ..	105	3,895	519	15	4,534
1956	.. ..	580	4,276	723	1	5,580
1957	.. ..	1,496	4,917	1,011	3	7,427
1958	.. ..	1,884	4,367	962	6	7,219
1959	.. ..	2,222	4,035	1,119	12	7,388

A tabular statement is given on page 72 showing the number of children immunised in each age group as at 31st December. It will be appreciated that within these age groups there is a considerable movement year by year owing to children attaining a higher age group. After the necessary adjustments the records show the number of persons who had been immunised up to 31st December, 1959, to be as follows :—

	<i>Under 5 years</i>	<i>5 and under 15 years</i>	<i>15 years and over</i>	<i>Total</i>
Number of persons immunised at 31st December, 1959	21,666	66,141	94,442	182,249

Importance is attached to the necessity of each child who has been immunised in infancy being given a reinforcing injection at the age of five years or when entering school. The number of children aged five and under 15 years who have been given these injections in the years 1953-1959 is given below :—

<i>Year</i>	<i>Number of children given reinforcing injections</i>					
1953	4,970
1954	4,647
1955	2,671
1956	3,442
1957	3,330
1958	3,882
1959	3,341

The following statement gives a classification of primary immunisations completed and reinforcing injections given in 1959 :—

	<i>Primary immunisations</i>	<i>Reinforcing injections</i>
By General Medical Practitioners	1,933	902
At Maternity and Child Welfare Centres ..	4,011	10
At School Health Service Clinics	1,095	2,344
At Hospitals	349	91
TOTALS	7,388	3,347

From the Registrar General's estimates of the population and the number of children who have been immunised it is estimated that 64 per cent. of children under five years of age and 96 per cent. of children between five and fifteen years of age have been immunised at the end of 1959. Only 47 per cent. of all children under 15 years of age have, however, had a primary or booster dose within the last five years. Once again there were no confirmed notifications of diphtheria but this should not be taken as an indication that immunisation is not still a very necessary precaution if we are to continue to be free of the disease.

Whooping Cough and Tetanus Immunisation.—Immunisation against whooping cough was introduced at the Child Welfare Centres in 1954. The vaccine given was usually a combined one which also gave protection against diphtheria. During 1956 combined immunisation against diphtheria/whooping cough/tetanus was introduced and arrangements were also made for the distribution of this triple antigen to general practitioners. The table on page 73 shows the number of children immunised each year since 1954 and the following statement gives the number of children under 15 years of age who received these injections during 1959. The figures, where relevant, are included in the statement of primary diphtheria immunisation shown earlier in this report.

<i>Type of immunisation</i>					<i>Number of children immunised</i>
Diphtheria/Whooping Cough/Tetanus	..	..	..	..	6,035
Diphtheria/Whooping Cough..	..	..	..	..	77
Whooping Cough only	..	..	..	..	8
TOTAL	..	..	..	..	6,120

B.C.G. Vaccination.—Full details of the work in connection with B.C.G. vaccination are given in the section dealing with the prevention of tuberculosis (page 81).

General.—Vaccination and immunisation is considered an integral part of our care for the child and every opportunity is taken, particularly by Health Visitors, to encourage mothers to have their children protected against diphtheria, whooping cough, tetanus, smallpox and poliomyelitis and, where appropriate, tuberculosis.

The following table shows attendances relating to vaccination and immunisation made at the Maternity and Child Welfare Centres during the year. The different types of antigen used are indicated.

					<i>New Cases</i>	<i>Total Attendances</i>
Smallpox	..	..	..	..	2,933	6,151
Diphtheria/Whooping Cough/Tetanus	..				4,201	12,300
Diphtheria/Tetanus	..	..	..	..	15	32
Diphtheria/Whooping Cough..	..	..	..		3	4
Whooping Cough	..	..	..	..	1	5
Diphtheria	..	..	..	..	—	—
Tetanus	..	..	..	..	16	33
Poliomyelitis—						
Up to 25 years of age	..	..	..		21,450	66,150
Expectant Mothers	..	..	..		832	1,577
TOTALS	..	..	..		29,451	86,252

Certificates of Inoculation.—The Medical Officer of Health, as in other Local Authorities, authenticates the signature of the doctor carrying out inoculation against certain diseases for persons travelling abroad, in conformity with international agreement.

DIPHTHERIA IMMUNISATION

The following tabulated statement shows the number of children immunised since 1937 :—

Age in years on 31st December of the corresponding year	1937- 1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	Total immunised on 31st December, 1959
Under 1 Year	655	76	119	462	532	491	252	369	426	354	619	105	580	1496	1884	2222	0-4 Group 21666
1 Year	9436	4500	4222	5004	5380	4707	3439	3630	3567	3293	3154	2857	3104	3526	3222	3165	
2 Years	5128	1414	1904	1352	1556	1305	855	1026	853	700	691	612	698	773	466	444	
3 "	4446	565	713	556	430	495	336	269	372	287	223	181	202	244	253	226	
4 "	2605	305	434	340	258	260	161	209	226	243	173	105	127	186	197	200	
5 "	7717	546	442	598	455	590	223	311	356	417	450	176	202	300	342	341	5-9 Group 27506
6 "	7460	603	537	463	290	514	248	210	284	449	318	224	344	369	330	308	
7 "	6496	283	287	206	119	267	133	92	125	169	162	91	121	187	188	135	
8 "	4845	174	189	137	86	164	71	57	73	107	94	49	73	109	120	87	
9 "	5115	138	121	118	57	109	49	44	64	89	52	31	51	76	66	77	
10 "	4076	109	109	98	55	95	40	34	37	58	44	22	26	51	71	58	10-14 Group 38635
11 "	3861	122	74	64	41	92	24	29	40	58	45	22	19	38	33	58	
12 "	3509	108	94	50	32	46	25	14	25	34	24	10	11	26	25	23	
13 "	2907	96	84	51	20	37	22	10	25	35	24	20	11	22	8	24	
14 "	2296	48	40	38	13	40	10	10	10	25	11	9	9	17	7	8	
15 Years and over	1635	34	24	43	14	67	18	35	31	15	17	20	2	7	7	12	15 and over 94442
Total each year Immunisations	72187	9121	9393	9580	9338	9279	5906	6349	6514	6333	6101	4534	5580	7427	7219	7388	Grand Total— 1937—1959 182249
Reinforcing Injections	—	2320	5038	3515	4146	5325	3603	4621	5409	4970	4647	2671	3442	3301	3882	3347	62218

WHOOPIING COUGH IMMUNISATION

The following tabulated statement shows the number of children immunised each year since 1954.

<i>Age in years on 31st December of the corresponding year</i>	1954	1955	1956	1957	1958	1959	<i>Total immunised on 31st December, 1959</i>
Under 1 Year	592	103	571	1,481	1,878	2,221	0—4 GROUP 20,772
1 Year	1,651	2,721	2,940	3,447	3,164	3,227	
2 Years.. ..	174	490	930	668	387	297	
3 „	147	179	257	152	138	148	
4 „	92	79	147	76	83	102	
5 „	40	47	35	67	54	74	5—9 GROUP 8,181
6 „	13	24	11	24	27	26	
7 „	10	6	5	10	6	15	
8 „	13	4	2	4	3	4	
9 „	2	5	3	3	2	5	
10 „	1	3	2	2	3	1	10—14 GROUP 152
11 „	1	1	—	1	2	—	
12 „	—	1	—	1	1	—	
13 „	1	—	—	—	—	—	
14 „	2	1	—	—	—	—	
15 Years and Over ..	1	—	—	—	3	3	15 AND OVER 15
Total each year— Immunisations ..	2,740	3,664	4,906	5,936	5,751	6,123	Grand Total— 1954—1959 29,120
Triple Immunisation Diphtheria/Whooping Cough/Tetanus ..	NIL	NIL	1,863	5,447	5,603	6,038	18,951
Double Immunisation Diphtheria/Whooping Cough	2,320	3,479	2,982	460	138	77	9,456
Single Immunisation Whooping Cough ..	420	185	61	29	10	8	713

AMBULANCE SERVICES

By F. C. KELSEY, Ambulance Officer.

“ And all agog to dash through thick and thin ”

William Cowper (John Gilpin)

The administrative and operational centre of the Service is at the Ambulance Station in Corporation Street ; 25 ambulances, 7 sitting-case ambulances and five sitting-case cars are sited at this Station, and a twenty-four hour service is provided. Four ambulances operate from the Lodge Moor Hospital Station for cases of an infectious nature.

In addition to the services instituted under the Act dealing with Sheffield cases, arrangements have been made for mutual assistance with adjoining Authorities and, at the request of the West Riding of Yorkshire and Derbyshire Authorities, ambulance cover is provided in certain parts of their areas which are adjacent to the City. The agreements made with these Authorities include both routine and emergency calls. The arrangements for transmission and servicing of accident calls have been made applicable to an area coinciding with the Sheffield Telephone Exchange area, which extends into both the West Riding of Yorkshire and Derbyshire.

All vehicles are radio-controlled and this method of communication is contributing to a higher degree of efficiency. Every day there are many instances where time and mileage is saved by being able to radio vehicles on the road whilst doing routine work, but the more important thing is to be able to make contact for urgent or emergency cases. The saving of a few minutes means that the patient is able to obtain medical attention more speedily and, in some cases, may be the means of saving a life. No efficient and up-to-date Ambulance Service can afford to be without such a method of communication.

The main fixed station is sited in the Public Health Department premises at Town Hall Chambers and is remotely controlled from the Ambulance Control Room in Corporation Street.

Duties Undertaken.—There has been an increase of approximately 8·25 per cent. in the number of patients carried during the year and an increase of 9·54 per cent. in the total mileage run.

The following statement illustrates the considerable increase in mileage run and patients carried since the inception of the National Health Service :—

<i>Year</i>	<i>Number of Patients carried</i>	<i>Mileage run</i>
1949	98,649	481,282
1950	107,567	476,222
1951	117,894	489,453
1952	125,074	496,397
1953	133,177	532,164
1954	136,847	548,313
1955	145,970	569,327
1956	145,619	570,013
1957	145,951	568,981
1958	147,412	559,677
1959	159,574	613,056

Emergency ambulances conveyed 6,008 patients as a result of either accident or sudden illness, and there were also 45 calls for transport to convey hospital doctors and nurses to maternity patients requiring blood transfusion or other urgent services in their homes.

Cars were made available for the conveyance of midwives in the night hours when ordinary transport was not available, or in other emergencies. There were 1,018 requests for this service and, in addition, a further 82 journeys were made in delivering nitrous oxide cylinders and apparatus. A small number of vehicles have been wired to provide for the electrical heating of incubators for premature babies and these were used on 13 occasions.

Long Distance Cases.—There were altogether 697 requests received for the conveyance of patients being discharged or transferred to distant destinations. Arrangements were made for 327 of them to travel by train, with ambulance or ambulance car transport provided to and from the station.

A number of the patients were not able to travel on their own and valuable assistance was rendered by members of the British Red Cross Society who performed escort duties on 107 occasions.

The number of patients conveyed by train was slightly more than in the previous year and the resultant saving in ambulance mileage amounted to approximately 49,542 miles.

A total of 121 long distance journeys was made by road in vehicles owned by this authority. 217 patients travelled in vehicles supplied by other authorities who had been given the option of conveying their own cases.

The necessity of having to meet trains at specific times and the growing number of timed appointments for hospital clinics placed a heavier burden on the service and, in particular, on the control staff responsible for arranging the journeys.

Summary of Patients carried and Mileage run during the Years 1958 and 1959

<i>On whose behalf</i>	<i>Year 1958</i>		<i>Year 1959</i>	
	<i>Number of Patients carried</i>	<i>Mileage run</i>	<i>Number of Patients carried</i>	<i>Mileage run</i>
Sheffield City Council	134,510	471,162	144,856	517,282
West Riding County Council ..	2,323	16,795	2,748	16,793
Derbyshire County Council ..	10,486	69,533	11,902	77,617
Other Authorities	93	2,187	68	1,364
TOTALS	147,412	559,677	159,574	613,056

Staff.—The provision of a twenty-four hour service necessitates all members of the operational staff working shift duties. Drivers and attendants are required to hold First Aid qualifications and the majority of them have attained medallion proficiency. It is also a condition of their service that they attend refresher courses at reasonable intervals. Drivers were again entered for the National Safe Driving Competition.

Maintenance of Vehicles.—The maintenance and repair of vehicles are carried out on the premises, and a staff of eight mechanics is engaged on this work.

During the year, six new ambulances were received.

PREVENTION OF TUBERCULOSIS

By MARION E. JEPSON, M.B., Ch.B., D.P.H.,
Assistant Maternity and Child Welfare Medical Officer

“ O plague right well prevented.”

—William Shakespeare (Much Ado About Nothing)

The effective prevention of tuberculosis must rest essentially on a proper understanding of the various factors which influence the response of people to infection. Improvement in individual and communal resistance, whether by general methods or by artificial immunisation (see page 81), efficient methods of case detection, and pinpointing of reservoirs of infection all play their part. The regular case conference meetings held throughout the year (attended by representatives from the Chest Clinic, the Children's Hospital, the Mass Radiography Centre, and from the Local Authorities of Sheffield and the fringe areas of Derbyshire and the West Riding) have afforded valuable opportunities for discussion of the efficacy of various preventive measures, and of the significance of the figures relating to tuberculosis. Whilst it has been realised that a high level of effective case detection must be generally maintained, there seem to be indications for concentrating efforts on certain population groups in whom the incidence of tuberculosis appears to be high.

Notifications for 1959

Number of new notifications	..	..	..	..	365
Respiratory tuberculosis	..	..	..	..	336
Other forms of tuberculosis	..	..	..	..	29
Transfers from other areas ..	..	..	..	..	24
					<hr/>
TOTAL	..	..	..	..	389
					<hr/>

33 of the new notifications were the result of contact investigations on cases notified during the previous two years. The trend of the observed incidence of tuberculosis over the past five years is set out in the following table (numbers refer to new notifications only). These figures should be considered in conjunction with the tuberculosis death rate (see page 12).

Year				Respiratory	Other Forms	Total
1955	..	..	..	456	50	506
1956	..	..	..	400	37	437
1957	..	..	..	425	52	477
1958	..	..	..	395	46	441
1959	..	..	..	336	29	365

Coloured Immigrants.—Of the 365 newly notified cases in 1959, 46 were immigrants to this country.

Arabs and Pakistanis	..	..	..	..	..	41
West Indians	..	..	..	..	..	5
						<hr/>
				TOTAL	..	46
						<hr/>

The high incidence of tuberculosis in the Arabs and Pakistanis is still a matter for concern, although it is realised that these numbers probably reflect to some extent the results of vigilant follow-up of the contacts of previously notified cases—15 of the 41 notifications were detected in this way—and also the increased efforts to X-ray as many as possible of these people. One difficulty is the evanescence of individuals in the population, a case of “here today and gone tomorrow”. A greater number now are being routinely X-rayed, partly as a result of the general practitioners referring them to the Mass Radiography Centre, and partly as a result of the visits of the Mobile Radiography Unit to the steel firms where many immigrants are employed.

Vagrants.—Regular monthly sessions for X-raying wayfarers from the Casual Ward at Fir Vale Hostel have been held throughout the year at the Mass Radiography Centre in co-operation with the Social Care Department. Although each session only accounts for men staying in the Hostel on one particular night in each month, it is thought that in due course a great number of these wayfarers will have been covered, especially as other Authorities are also operating similar schemes throughout the Country. Very few of the men refuse X-ray, and there is a general impression that this action is gradually becoming appreciated.

	<i>No.</i>	<i>%</i>
Number examined	199	
Number showing evidence of tuberculosis (not necessarily active)	12	6·0
Miscellaneous conditions :—		
Bronchiectasis	2	
Post-inflammatory fibrosis	2	
	—	4
		2·0
Total pathological conditions	16	8·0

Two cases of active tuberculosis found on X-ray were admitted to Lodge Moor Hospital and remained for the necessary length of treatment. Six other cases were referred to a Chest Clinic for further urgent investigation.

Age and Sex Distribution of New Notifications

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0— 4	4	5	9
5— 9	3	3	6
10—14	4	4	8
15—19	10	14	24
20—29	46	34	80
30—39	45	14	59
40—49	36	18	54
50—59	50	8	58
60—69	31	11	42
70+	20	5	25
TOTALS	249	116	365

It is seen that males again predominate among cases notified. The number of notifications in females reaches a peak between the ages of 20—29. In men there would appear to be a higher notification rate over a longer span of years from the ages 20—60, but it is interesting to note that of the 91 notifications in males between the ages of 20—40 43 were immigrants. If these immigrant notifications are excluded the peak of the incidence of notified cases in males is reached between the ages 50—59. The incidence of tuberculosis in middle aged and older men presents a problem to which the solution is not yet clear, and which is intensified by the relative incompleteness of treatment compared with the successful treatment of younger people. It is thought that heightened susceptibility at this age, together with social, economic and physical stress factors, may play a part. It is perhaps significant that this is the age at which symptoms of respiratory disease have come to be accepted as an inevitable accompaniment of life in an industrial city, and their significance as potential symptoms of graver conditions is not appreciated. Health education and propaganda may influence public opinion in this group, so that they would voluntarily avail themselves of the opportunities for routine chest X-ray.

Contact Tracing.—It is the policy to offer X-ray examination and, where necessary, B.C.G. vaccination to all contacts of notified cases. The contacts of cases notified during 1959 have been followed up for a period of three months to determine the degree to which opportunities for examination were taken, and the reasons why some contacts failed to attend.

Details of the three monthly follow-up of the contacts of cases notified during the period January 1st to December 31st, 1959 are given below :—

<i>Group</i>	<i>Total Number</i>	<i>Not asked to attend</i>		<i>Refused or Failed to attend</i>		<i>Examined within three months</i>	
		<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Adult household ..	1,004	246	24·5	193	19·2	565	56·3
Adult non-household	936	173	18·5	320	34·2	443	47·3
Child household	313	102	32·6	18	5·7	193	61·7
Child non-household	442	73	16·5	94	21·3	275	62·2
TOTALS ..	2,695	594	22·0	625	23·2	1,476	54·8

Examination and/or X-ray of the contacts was carried out as follows:—

At the Chest Clinic	..	..	..	..	..	..	949
At the Children's Hospital	..	..	..	..	..	..	90
At the Mass Radiography Centre	..	..	..	..	..	..	395
Examination elsewhere or routinely X-rayed	..	..	..	..	..	..	322
							<hr/> 1,756 <hr/>

The results of contact examination are shown by the following figures :—

Clear chest X-ray	..	..	..	..	..	..	1,690
Recalled for further investigation	..	..	..	..	..	..	45
New cases of tuberculosis notified	..	..	..	..	..	..	21
Contacts given B.C.G. vaccination	..	..	..	..	..	..	317

Comments

1. Contacts having a regular X-ray or who were already under medical supervision were not asked to attend. Other reasons for no appointments being given in some cases included difficulty in tracing due to removal or residence outside the City, previous B.C.G. vaccination, and concurrent handicap or illness.
2. On an average four contacts per notified case have been examined (excluding those already under supervision). This compares satisfactorily with the national average of two to three contacts per notified case.
3. The important figures are the percentage of contacts who refused or failed to attend. The child household contacts, who possibly arouse greatest concern, have a satisfactorily low percentage, and it is quite possible that the persistent efforts of the Health Visitors will reduce this figure and that of the child non-household contacts still further. The adult figures remain disappointingly high. There are obvious difficulties relating to non-household adult contacts, and Arabs and Pakistanis constitute over 35% of the household non-attenders. Defaulter letters and even second visits by the Health Visitors have failed to produce much response in this resistant core. Fifteen of the 21 cases notified through contact follow-up were household contacts and here, again, one feels that there is an urgent need for considerable alteration in the public attitude towards tuberculosis.

Chronic Positives' Register.—There are now between 70 and 80 names on the register of chronic positive cases. These cases are visited regularly by the Health Visitors, who, in addition to noting any change in their condition, are in a position to recognise any new contacts within their circle and to take appropriate measures for their safety.

B.C.G. VACCINATION

Three groups of people merit priority in any measures of prevention which may be practicable.

1. Babies born into tuberculous households.
2. Other contacts of known tuberculous cases where these contacts have not acquired immunity against tuberculosis.
3. Those children approaching school leaving age who have not yet acquired immunity ; children at this age have a decreased resistance to infection and are about to enter a more mixed population where the chances of infection are increased.

Babies Born into Tuberculous Households.—It is essential that babies born into tuberculous households should receive B.C.G. vaccination soon after birth to stimulate the development of immunity, as their natural resistance is particularly low. It is estimated that during 1959 approximately 460 newly born babies have received B.C.G. vaccination. In some instances a period of segregation from the case is advisable whilst immunity is developing. During 1959 nine babies were so cared for by their own relatives and six babies were segregated in a residential nursery.

Other Child Contacts.—It is especially desirable that children who are in contact with a case of tuberculosis should be offered B.C.G. where the preliminary skin tests show this to be necessary. Of the contacts of 16 years and under who attended the Chest Clinic during 1959, 710 received B.C.G. vaccination and 612 were vaccinated at the Children's Hospital. Some of these were contacts of newly notified cases, some had recently come into contact with previously notified cases, and some were done at the parents' special request.

B.C.G. Vaccination of School Children

The main programme for the vaccination of school leavers (aged 13–14 years) for the School Year 1959–60 which would normally have commenced in the Autumn Term of 1959, was deferred until the Spring term 1960. This was to avoid coinciding with the third injection against poliomyelitis, which the majority of the children concerned were due to receive in the Autumn term.

Of the 226 children who had missed vaccination during 1958, 120 were seen at defaulter sessions ; 98 had negative skin reactions and were vaccinated. Nineteen of the 22 positive reactors attended for X-ray, and one was found to have active tuberculosis.

Skin Testing of School Entrants.—It was decided to skin test the school entrants in those schools whose pupils would eventually be transferred to senior schools which had shown a consistently high positive reactor rate amongst school leavers. This was carried out during the Summer term of 1959 and 24 schools were visited.

Eligible 5 year olds	..	..	..	..	850
Consents received	..	..	..	..	704
% Consent rate	..	..	..	..	83
Absent	..	..	..	..	125
Withdrawn..	..	..	..	..	9
Already had B.C.G.	..	..	..	..	43
Number skin tested (excluding those who had had B.C.G.)	..	..	..	..	527
Positive	..	..	..	..	5
% Positive	..	..	..	..	0.95

The health visitors have called on the families of the five positive reactors and have explained the need for X-ray examination of the children and of their contacts.

X-ray findings of Positive Reactors

Four positive reactors attended for X-ray at the Chest Clinic ; the fifth had left the district before an X-ray could be arranged.

No evidence of tuberculosis	..	..	..	..	3
Signs of past primary tuberculous infection	..	..	..	..	1

X-ray of Contacts

- 15 immediate family contacts were listed from the five households visits.
- 5 were X-rayed regularly by the mass radiography unit.
- 4 refused X-ray.
- 6 attended the Chest Clinic for X-ray, all of which were normal.

Source of Infection

In only one household was there a probable source of infection known—in this case the grandfather who had died two years previously as a result of tuberculosis.

Comments

1. The consent rate of 83% is very satisfactory. When the school entrants were last tested in 1957, the consent rate was 73%. The increase is indicative of the growing interest amongst parents in the question of the prevention of tuberculosis.
2. The positive reactor rate (0.95%) in these particular schools is no higher than the average rate (1.8%) amongst the school entrants in 91 unselected schools visited in 1957. This finding is reassuring and it does not seem that, in normal circumstances, there is any need to continue the tuberculin testing of school entrants.

3. At one school, however, the school entrants were tested as part of the contact investigation of a school meals assistant who had been notified, three months previously, as a positive case of tuberculosis :—

Possible number of children	..	..	..	..	..	..	29
Children tested	..	..	..	..	..	..	23
Positive reactor	..	..	..	..	..	..	1
Negative reactors	..	..	..	..	..	..	22

The one positive reactor had already been vaccinated with B.C.G. and had, in any case, entered the school after the original case had left. From the results it would seem that no infection amongst the children had taken place.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

“An essential of a happy life is freedom from care.”—Cicero (De Amicitia)

Requests for advice and assistance with regard to the services under this heading continue on an increasing scale. Apart from the day-to-day applications for convalescence, loan of nursing appliances, etc., there is a constant stream of enquiries regarding the many problems that arise in association with ill-health and disabilities, and the Service acts as a focal point to which people with a wide range of difficulties are referred.

This “Enquiry Bureau” aspect of the Service can be of particular value to those who have worries arising from sickness and disability, for the smallest of problems can loom large in the minds of those who have a limited knowledge of the welfare services available to them or the “ways and means” of surmounting their difficulties. It is important, therefore, that a personal sympathetic approach is made to the problems of each patient and a suitable relationship established. To this end, the patients and their families are encouraged to fully discuss their worries in the knowledge that the workers in the Service are willing to appreciate the extent and effect of their troubles. As a result, it transpires that in the informal conversational atmosphere established, people calling with regard to a specific problem often reveal a wider picture of their worries and it is thus possible to render a greater degree of advice and assistance than was expected at the opening of the interview. This particularly applies to old people who are frequently unaware of the services available or who to approach in case of need.

PROVISION OF NURSING REQUISITES FOR PERSONS CONFINED OR NURSED AT HOME

Nursing requisites are available for loan either from depots directly under the administration of the City Council or from certain voluntary organisations acting as agents of the Council. The Council's depots are established at the Care and After-Care Centre at Town Hall Chambers in Fargate, at Johnson Memorial Nurses' Home, at the Firth Park and Manor Maternity and Child Welfare Centres, and at Norton Rectory. The voluntary agencies participating in this scheme are the Sheffield Hospital Services Council (38, Church Street), the Darnall and District Medical Aid Society (Fisher Lane, Darnall) and the British Red Cross Society (53, Clarke Grove Road).

The articles are loaned free of charge for a period of three months. Renewal of the loan may be made on application after this period has expired. During the year 3,210 articles were loaned from the Council's depots to 2,193 patients as compared with 3,114 and 1,919 respectively in 1958.

The following are particulars of nursing requisites loaned directly by the Council and by the voluntary organisations participating in this scheme, during the year 1959 :—

Requisites Loaned Directly by the Council

<i>Articles</i>									<i>Number of articles loaned</i>
Air Cushions and Rings	..	..	..	..	..	..	..	..	355
Bed Boards	..	..	..	..	..	..	..	..	35
Bed Cages	..	..	..	..	..	..	..	..	66
Bed Pans	..	..	..	..	..	..	..	..	600
Bed Rests	..	..	..	..	..	..	..	..	253
Bed Tables	..	..	..	..	..	..	..	..	13
Commodes	..	..	..	..	..	..	..	..	212
Crutches	..	..	..	..	..	..	..	..	116
Crutches (Elbow)	..	..	..	..	..	..	..	..	26
Douche Cans	..	..	..	..	..	..	..	..	1
Dunlopillo Mattresses	..	..	..	..	..	..	..	..	122
Feeding Cups	..	..	..	..	..	..	..	..	37
Invalid Chairs	..	..	..	..	..	..	..	..	331
Rubber Sheets	..	..	..	..	..	..	..	..	716
Sorbo Cushions	..	..	..	..	..	..	..	..	12
Sputum Cups	..	..	..	..	..	..	..	..	5
Urinals (Male)	..	..	..	..	..	..	..	..	191
Urinals (Female)	..	..	..	..	..	..	..	..	26
Walking Aids	..	..	..	..	..	..	..	..	7
Walking Sticks	..	..	..	..	..	..	..	..	37
Walking Sticks (Tripod)	..	..	..	..	..	..	..	..	49
TOTAL ARTICLES (loaned to 2,193 patients)									3,210

Requisites Loaned by Voluntary and other Organisations as Agents of the Council

<i>Articles</i>									<i>Number of articles loaned</i>
Air Cushions and Rings	..	..	..	..	..	..	..	..	146
Bed Cages	..	..	..	..	..	..	..	..	17
Bed Pans	..	..	..	..	..	..	..	..	606
Bed Rests	..	..	..	..	..	..	..	..	127
Bed Tables	..	..	..	..	..	..	..	..	4
Crutches	..	..	..	..	..	..	..	..	298
Feeding Cups	..	..	..	..	..	..	..	..	23
Invalid Chairs	..	..	..	..	..	..	..	..	23
Rubber Sheets	..	..	..	..	..	..	..	..	617
Urinals (Male)	..	..	..	..	..	..	..	..	112
Walking Sticks	..	..	..	..	..	..	..	..	219
Water and Air Beds	..	..	..	..	..	..	..	..	3
TOTAL ARTICLES									2,195

This part of the Service works in very close co-operation with the home nursing, hospital and general practitioner services and is greatly used by them. It is of particular assistance to the home nurses in their work, and expressions of appreciation of this scheme are frequently received both from the patients and those caring for them in their homes.

Although the loan of bedsteads and bedding is primarily to assist in the segregation of tuberculous persons, such articles are loaned to other patients in order to effect their earlier discharge from hospital, or to overcome the necessity of admitting them to hospital. In addition, beds and bedding are loaned where the home nurse has difficulty in caring for the patient in a double bed or where it is thought that a single bed is necessary for the well-being of the patient. During 1959, 87 beds were loaned. Where necessary, bedsteads with self-lifting attachments are available for patients nursed at home in order to add to their independence, comfort and mobility. During 1959, 20 such beds were loaned. In addition, seven adult size cots were loaned during the year.

CONVALESCENCE FACILITIES

The arrangements for providing convalescence facilities for persons who have been ill, but whose active period of treatment is over, continued throughout the year. In all cases, a recommendation of a doctor is required before a patient is admitted to a convalescent home. A scale of weekly charges is laid down, the amount payable being assessed in relation to the family income. Before patients are assessed, it is ascertained whether they contribute to the 1d. per week scheme of the Sheffield and District Convalescent and Hospital Services Council, or any similar scheme providing free convalescence. Patients are accepted for an initial period of two weeks, with provision for extending this if recommended by the Medical Officer of the convalescent home. Nine such extensions were granted during 1959. This service is proving of advantage to aged people and is being used by them on an increasing scale (56 per cent. of the patients admitted during 1959 were aged 65 years or over).

Admissions during the past five years have been as follows :—

<i>Year</i>									<i>No. of Admissions</i>
1955	..	..	..	..	..	..	..	..	170
1956	..	..	..	..	..	..	..	..	174
1957	..	..	..	..	..	..	..	..	180
1958	..	..	..	..	..	..	..	..	252
1959	..	..	..	..	..	..	..	..	280

Very satisfactory reports have been received from patients regarding the Homes we use, but the organisations administering them are receiving such a flood of requests for admission that a heavy strain is placed upon their accommodation. Apart from the problems of accommodation, their powers to help are limited by various factors—certain organisations have contributing members who, of course, expect early admission ; their rules disqualify patients suffering from certain disabilities (*e.g.*, diabetics, those on diets, etc.) ; some Homes have a maximum age limit of 70 years of age (31·8 per cent. of the patients admitted under this scheme during the year under report were aged 71 years or over). There is an increasing number of applications being received from patients so severely disabled or with such special difficulties (*e.g.*, “ spastics,” epileptics, etc.), that the Homes are unable to accept them—there is no provision for wheelchair cases at these Homes and ground floor accommodation is either very limited or non-existent. From time to time, requests are received for the admission of a mother with her baby and this is extremely difficult to arrange satisfactorily. In addition to these cases, mental defectives and blind persons often present their own particular problems.

The admissions to convalescent homes during 1959 are summarised as follows :—

	<i>M.</i>	<i>F.</i>	<i>Total</i>
George Woofindin Convalescent Home, Mablethorpe ..	24	70	94
Yorkshire Foresters' Convalescent Home, Bridlington ..	15	48	63
Tudor House Convalescent Home, Bridlington	16	53	69
Bolton & District Hospital Saturday Council's Convalescent Homes (a) Southport	—	28	28
(b) St. Annes	4	1	5
(c) Blackpool	9	—	9
Spero Fund Convalescent Homes for the Tuberculous ..	4	1	5
Sheffield Works' Convalescence Association's Home, Matlock	—	3	3
Sheffield Works' Convalescence Association's Home, Ashover	1	—	1
Evelyn Devonshire Convalescent Home, Buxton	—	2	2
Craig Convalescent Home for Children, Morecambe ..	1	—	1
TOTALS	74	206	280

The age-groups of the persons admitted to the Convalescent Homes were as follows :—

		<i>Under 1 year</i>	<i>1—15 years</i>	<i>16—25 years</i>	<i>26—35 years</i>	<i>36—45 years</i>	<i>46—55 years</i>	<i>56—60 years</i>	<i>61—65 years</i>	<i>66—70 years</i>	<i>71—75 years</i>	<i>76—80 years</i>	<i>Over 80 years</i>	<i>Totals</i>
Males	..	—	1	2	1	5	6	9	9	14	16	10	1	74
Females	..	—	—	10	1	11	24	27	26	45	36	18	8	206
TOTALS		—	1	12	2	16	30	36	35	59	52	28	9	280

NOTE.—Children of school age are the responsibility of the School Health Service.

The patients referred for convalescence were suffering from the following :—

Bronchitis	58
Diseases of the Heart and Circulatory System	48
Post-operative debility	39
Nervous and general debility	27
Arthritis and muscular rheumatism	21
Diseases of the digestive system.. .. .	17
Pneumonia	15
Neurasthenia	13
Anaemia	12
Asthma	8
Injuries	6
Pulmonary Tuberculosis	5
Diseases of the skin	2
Parkinsonism	2
Malnutrition	2
Influenza	1
Sinusitis	1
Diabetes	1
Miscarriage	1
Urinary infection	1

TUBERCULOSIS

Prevention.—Measures designed to prevent tuberculosis include the examination of contacts (p. 79), B.C.G. vaccination of contacts (p. 81) and B.C.G. vaccination of children who are approaching school-leaving age (p. 81).

Beds and bedding are loaned to necessitous infectious cases of tuberculosis of the lungs, in order that they may have a separate bed and, where possible, a separate bedroom. Details of the articles loaned during the year 1959 are as follows :—

14 Bedsteads, 35 Mattresses, 10 Mattress Covers, 82 Sheets, 45 Blankets, 26 Pillows and 39 Pillow Cases.

The rehousing of an infectious case of tuberculosis is intended to reduce the risk of infection to other members of the family. During the year 1959, there were 26 cases reported by the Chest Physician where the environmental conditions were unsatisfactory and rehousing of the patients was desirable. 23 such families were rehoused during the year by the Corporation. At 31st December, 1959, there were 497 families living on the Estates under these special arrangements, and there were 19 families who had been recommended for rehousing but who had not then been rehoused.

Where specially recommended, wax containers are issued to tuberculous patients so that they may use them as sputum containers and subsequently destroy them. During 1959, 45 patients were in receipt of supplies of these cartons.

Care and After-Care.—Arrangements exist whereby necessitous tuberculous persons may be granted the free issue of either one or two pints of milk per day, and at 31st December, 1959, there were 74 patients in receipt of one pint of milk per day and two patients in receipt of two pints of milk per day.

Where tuberculous patients are able to take up employment, they are referred to the Disablement Resettlement Officer of the Ministry of Labour with a view to finding suitable work. During 1959, 110 patients were referred under this scheme. There is a Remploi factory for tuberculous men in Sheffield and, at 31st December, 1959, there were 42 men employed at this factory.

One man was maintained throughout the year at the Papworth Village Settlement for the purpose of rehabilitation and he is making excellent progress. A further man was admitted to the Sherwood Village Settlement in November, 1959, and reports upon his progress are awaited.

The National Assistance Board has continued to give valuable co-operation. Exceptional Needs Grants have been made to meet urgent requirements of patients and their families, such as the purchase of new clothing, bedding, household utensils, which the family would otherwise be unable to afford.

DOMESTIC HELP SERVICE

By Miss D. J. PARKER, Superintendent Organiser

*" I take a great pride in my work ;
I take it down now and then and dust it."*

Jerome K. Jerome (Three Men in a Boat)

The year has shown again that the service is in greater demand than ever. Increased numbers of requests have been received from all types of cases, demonstrating the important part now being played by home helps in a practical phase of the City's welfare programme.

During 1959 help has been given to 3,181 homes as shown below :—

	1958	1959
(a) Maternity (including expectant mothers)	214	291
(b) Tuberculosis	16	25
(c) Chronic sick (including aged and infirm)	2,297	2,735
(d) Others.. .. .	112	130

Maternity.—The increased demand for domestic help for home confinement is particularly gratifying as, judging by remarks of new applicants, it appears to be based on the excellent work of the home helps themselves. This does much to encourage the morale of the helps and is a most welcome sign. Assistance is normally given for ten days but, if the mother is not sufficiently recovered to care for her family, this period can be extended on medical recommendation. Mothers with young children sometimes need help for a few weeks before the confinement, and afterwards if they are ill at any time. Whilst any sick person upsets the domestic routine, greater difficulties occur when the mother is ill. Coupled with her own inability to do the housework there is the worry of seeing her family insufficiently cared for, which retards her recovery and restricts the convalescence. There are also occasions when the mother is a widow and has to go into hospital for confinement or treatment and there is no one to care for the children. Help is also being required much more frequently as a result of the increasingly common practice of discharging mothers after 48 hours in hospital following a confinement.

Tuberculosis.—Tuberculous cases have shown an increase and it is fortunate that there are six volunteer helps readily available for this work for it allows patients to obtain the rest necessary for their recovery. Home helps are medically examined at the Chest Clinic before being employed on this work and receive chest X-rays at periodic intervals.

Aged and Infirm.—The demand from the aged is ever present and increasing. Formerly it has been possible to treat the requests in two main groups, *i.e.*, those requiring frequent attendance for serious illness ; and those for whom small amounts of regular help at intervals are necessary,

as they are incapable of caring for themselves in their own homes without some assistance. The provision of domestic help can prevent deterioration and postpone the need for hospital care. Unfortunately help to the second group is becoming very limited due to the great demand from the former. At certain times during the year it has been difficult to admit old people to hospital immediately when they were seriously ill, in view of the shortage of beds. Whilst it has been necessary for them to remain at home, daily help has been provided, and in some cases evening and night help. An increasing number of requests are being received following discharge from hospital when nothing further can be done for the patient, or in the very early stages of recovery ; these cases also need frequent help for a considerable period. It would be unfortunate if it became necessary to curtail help for this type of case because it would undoubtedly cause greater embarrassment to the hospitals. Assistance with the heavy work once a week is giving old people the satisfaction of living in their own homes for much longer than would otherwise be possible, and is certainly a less costly measure than caring for them in an institution. As old people are accident-prone and apt to become housebound through fear and anxiety, the home help can do much to assist by encouragement and sound practical advice concerning the siting of chairs and shelves, the use of fireguards, and the importance of satisfactory footwear. Most old people are very appreciative of the home help ; often she is their only real friend. But her skill is not purely domestic, because for many she is the main contact with the outside world. Apart from practical help she brings news, and can listen to all the little problems and be cheerful under adverse circumstances. Many invalids are made comfortable and happy by small kindnesses outside official duties. Nevertheless there are some patients who are extremely difficult, stubborn and cantankerous ; some homes are very dirty and neglected and a great deal of effort is necessary to make any improvement. In these cases there is an understandable aversion to strangers in the home, and it is not always good policy to clean the home too rapidly. Old people have become accustomed to the conditions of their home and any changes, even improvements, are apt to be a shock. In the very difficult cases the home help must be introduced carefully and improvement in the home allowed to proceed slowly, provoking no great upset and as little change in familiar surroundings as possible. Very few of the aged have the enthusiasm or energy to prepare a cooked meal regularly for themselves, and often their sickness is due to under-nourishment. Whilst “ Meals on Wheels ” can and do help, many old people have set likes and dislikes in food and cannot be persuaded to change. In such cases a home help can often tempt them to

eat some specially prepared meal. Whenever possible the periods of help to the aged are being shortened and made more frequent to ease the burdens of the greatest number.

Evening and Night Service.—The evening service has become established for use in emergencies, and also as an aid to the crippled and handicapped to help them prepare for bed. Sixteen cases have been assisted during the year. The night service is also available for patients who are seriously ill and cannot be admitted to hospital immediately, and for the relief of relatives who have had continual day and night nursing and need temporary assistance.

Problem Families.—Assistance has been given to three problem families with a measure of improvement in two cases. The homes were very dirty and neglected, and it needed much effort by the home helps as well as from other sources to make these houses into homes. A certain amount of basic cleaning equipment is provided for use with these families, as usually there is nothing initially in the homes for the helps ; invariably some arrangements have to be made for reasonable cooking facilities. Some material improvement is evident but the adult members of these households are so often content with their lives that it is difficult to ensure that there will be any lasting impression. However, there does seem to be an awareness in the children of a possible better standard of living, which is a source of encouragement to the home helps, for this work requires great patience and constant repetition of the very simplest domestic routine.

Care of Children.—In six cases home helps have been provided specially to prevent children being taken into, or remaining in, care when mothers were absent. In two cases it is unlikely that the mothers will ever return home, but the fathers were anxious that the children should have a normal home life and they were brought out of care to explore this possibility. The children, aged 14 and 10 in one case and 14, 13 and 11 in the other, were in favour of the idea and the home helps have co-operated most willingly to make real homes for these children, giving unsparingly of time and attention. With encouragement and advice the children soon became more self-reliant and, perhaps what is even more heartening, constructive in their outlook towards a home. As they have become more independent the amount of help has been gradually reduced so that the children do not form too strong an attachment to the help. In the other cases assistance was provided during the illness of mother in hospital to prevent the children being taken into care. The families all had a young child, but none wished their children to be parted, and the provision of help and father's kindly care enabled them to stay at home together. Close liaison is maintained with the Children's Department concerning these cases.

Recruitment.—This has continued steadily as shown below :—

			Full-time	Part-time	Total
Number of helps on staff at 31.12.1958	..	..	72	193	265
Number of helps engaged during 1959	..	..	18	121	139
Number of helps resigned during 1959	..	..	14	73	87
Number of helps transferred from full-time to part-time	..	..	—	10	—
Number of helps transferred from part-time to full-time	..	..	2	—	—
Number of helps on staff at 31.12.1959	..	..	<u>68</u>	<u>249</u>	<u>317</u>

Part-time work is being increasingly sought by applicants and is more suitable to the majority of cases, thus allowing the full-time helps to work full-time on maternity cases.

Whilst there have been a large number of helps engaged, the full complement at the end of the year does not show an increase commensurate with the efforts made to recruit additional staff. Some resignations are inevitable, but it is becoming increasingly apparent that some are due to a poor staff relationship which unfortunately cannot be remedied until Organisers have a reasonable case load and a smaller number of helps to supervise. At present each Organiser has a case load of 600 patients and is responsible for the work of 80 home helps. Encouragement of helps and the understanding of their problems in the different types of homes can be dealt with only by an Organiser in frequent touch with the helps on the district, and is a vital necessity for the retention of home helps in this service. Careful planning of weekly programmes of work to ensure compatibility between patient and help can do much to assist in this staffing problem, but as yet this is only an ideal until such time as sufficient Organisers are available to devote time to this important aspect. It is obvious that continued recruitment is not the answer to the problem if there is insufficient follow-up and supervision of both staffs and patients. Like most other employees, helps like to work in an efficient organisation, to have their work recognised as their own individual effort, and to receive considerate and fair supervision.

The Superintendent Organiser and four District Organisers made 5,674 visits to homes. Two Organisers are still working from the central office as accommodation is not yet available for one, and in the other case, whilst accommodation is available, it is not possible to use this until an additional Organiser is appointed to cover a part of this district. There are difficulties regarding decentralisation in this one area due to the geographical nature of the City and because public transport operates radially from the centre of the City. The establishment of schemes for evening and night services, for the care of children without mothers, problem families and the continually rising number of new cases fully occupies the visiting time of the Organisers. It is becoming increasingly difficult to make the frequent contact necessary between current patients and helps, and to allocate help fairly and to those most in need at any one time.

WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS

By A. J. BAKER, Superintendent

“ That walketh in darkness and hath no light.”

Isaiah, 1, 10.

In January, 1959 the Committee decided to vary the conditions relating to the granting of free travelling facilities to certain handicapped persons so as to provide that the first twenty shillings of a person's weekly available income in excess of the scale of the National Assistance Board shall be disregarded in assessing that person's eligibility to receive such facilities. Partially sighted persons are affected by this decision.

An amendment was also made to the approved Scheme for Blind and Partially Sighted Persons. It has been found that occasions may arise when it would be desirable to carry out works of adaptation at the homes of these persons along similar lines to the arrangements which obtain in respect of the general classes of handicapped persons. A paragraph in suitable terms has, therefore, been added to the Scheme and this was approved by the Minister of Health in February, 1960.

The Ministry of Health issued a circular regarding “ Residential Social Rehabilitation for newly blind persons,” and a leaflet “ A Challenge—Living a Full Life without Sight ” was prepared for distribution by Home Teachers of the Blind to such persons who might benefit by a course of residential social rehabilitation and to their families. One Sheffield case went for social rehabilitation during 1959.

Although the Disabled Persons (Employment) Act, 1958 confers on local authorities powers to provide sheltered employment previously exercised under the National Assistance Act, the only material change in the new legislation is that such powers should be exercised under the general guidance of the Minister of Labour instead of the Minister of Health. The National Assistance (Amendment) Act, 1959 makes changes in the requirements for determining ordinary residence for the purposes of the provision of residential accommodation and in relation to persons engaged in sheltered workshops.

Reference was made in last year's report to the first Handicraft Competition and Exhibition held in 1958. The second held in March, 1959 exceeded all expectations. There were substantial increases in the number of entries and the new classes—particularly those for cookery—were well supported. Members of the home teaching staff also went, by invitation, to Leeds and Barnsley to judge similar competitions in those places.

Finally it is felt reference should be made to certain special features in the Registration Statistics given in the following pages :—

Table A. The number of blind children (0—15) is now 41—the highest figure during the period the Department has maintained statistics (from 1929). Fourteen of the 41 children are ineducable. The number under five years is 9 compared with 8 in 1958 and 7 in 1957.

The numbers over 65 are decreasing ; 588 in 1959 against 603 in 1958 and 612 in 1957.

Table B. The number of new cases in 1959 was 99 against 113 in 1958, 120 in 1957 and 132 in 1956. For the second year in succession the total number of blind persons in the City has fallen. The 1959 figure was 981 ; that for 1958—1,002 and that for 1957—1,007.

Table C. The number of blind persons age 16 and upwards not living at home is rising—130 in 1959 against 100 in 1958. The 1957 figure was 103 and that for 1956, 85.

REGISTRATION STATISTICS at 31st DECEMBER, 1959

TABLE A.—Classification of Registered Blind Persons by Age Groups

Age Group	Total Register (Age at Dec. 31st 1959)			New Cases Registered during 1959 (Age at Registration)		
	M.	F.	Total	M.	F.	Total
0	—	—	—	—	—	—
1	—	—	—	1	1	2
2	1	1	2	—	—	—
3	1	1	2	1	1	2
4	2	3	5	—	—	—
5—10	8	9	17	—	1	1
11—15	9	6	15	—	—	—
16—20	4	4	8	1	—	1
21—29	14	11	25	2	1	3
30—39	27	19	46	—	2	2
40—49	41	43	84	—	1	1
50—59	60	48	108	2	4	6
60—64	39	39	78	2	3	5
65—69	42	45	87	4	2	6
70—79	95	143	238	11	22	33
80—84	47	110	157	9	18	27
85—89	30	58	88	1	5	6
90 and over	3	15	18	1	3	4
Unknown	2	1	3	—	—	—
TOTALS	425	556	981	35	64	99

TABLE B.—Ages at which blindness occurred

<i>Age Group</i>				<i>Total Register</i>			<i>New Cases Registered during 1959</i>		
				<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>
0	..	..	..	39	51	90	2	3	5
1	..	..	..	6	10	16	—	—	—
2	..	..	..	3	2	5	—	—	—
3	..	..	..	3	3	6	—	—	—
4	..	..	..	2	3	5	—	—	—
5—10	..	..	..	16	22	38	—	—	—
11—15	..	..	..	9	13	22	1	—	1
16—20	..	..	..	12	5	17	—	—	—
21—29	..	..	..	31	14	45	2	1	3
30—39	..	..	..	37	40	77	—	2	2
40—49	..	..	..	42	33	75	—	2	2
50—59	..	..	..	45	53	98	1	3	4
60—64	..	..	..	25	33	58	2	3	5
65—69	..	..	..	28	49	77	6	2	8
70—79	..	..	..	67	128	195	11	28	39
80—84	..	..	..	21	51	72	6	12	18
85—89	..	..	..	5	10	15	2	6	8
90 and over	..	..	..	1	3	4	—	2	2
Unknown	..	..	..	33	33	66	2	—	2
TOTALS	..	..	..	425	556	981	35	64	99

**TABLE C—Blind persons age 16 and upwards
not living at home**

					<i>M.</i>	<i>F.</i>	<i>Total</i>
Residential Accommodation provided under Part III of the 1948 Act, Section 21							
(a) Homes for the Blind	..	..	..	..	13	18	31
(b) Other Homes	..	..	..	..	5	13	18
Other Residential Homes	..	..	..	..	—	2	2
Mental Hospitals	..	..	..	..	10	11	21
Mental Deficiency Institutions	..	..	..	..	3	6	9
Other Hospitals	..	..	..	..	12	37	49
TOTALS	..	..	..	..	43	87	130

In addition, five blind persons (1 male and 4 females) under 16 were patients in Mental Deficiency Institutions and one female blind person in a Mental Hospital at 31st December, 1959.

TABLE D.—Blind Population Statistics

The following table gives the number of registered blind persons by age groups for the years 1952-1959.

TABLE SHOWING AGE GROUPS OF BLIND PERSONS ON SHEFFIELD REGISTER

Year	0	1	2	3	4	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70 and over	Un-known	Total
1952 ..	—	3	2	—	2	11	11	11	32	55	78	130	79	96	430	5	945
1953 ..	1	1	6	2	1	12	12	11	31	55	82	117	77	113	432	5	958
1954 ..	1	2	2	5	2	15	7	13	28	51	82	125	66	105	467	4	975
1955 ..	—	3	2	2	6	14	6	11	30	46	88	114	72	113	480	3	990
1956 ..	—	2	3	1	2	17	8	11	26	46	81	114	78	111	502	3	1,005

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 & over	Un-known	Total
1957 ..	—	1	2	3	1	21	11	9	18	45	83	115	83	104	258	158	71	21	3	1007
1958 ..	—	—	2	3	3	18	14	11	20	53	81	113	77	96	254	158	72	23	4	1002
1959 ..	—	—	2	2	5	17	15	8	25	46	84	108	78	87	238	157	88	18	3	981

TABLE E.—Distribution of Local Blind Persons

Children, age under 16

	M.	F.	Total	M.	F.	Total
Under 2	—	—	—	—	—	—
Age 2—4+ ..						
<i>Educable</i> At home ..	4	4	8			
<i>Ineducable</i> In Mental Deficiency Institution	—	1	1			
				4	5	9
Age 5—15+ ..						
<i>Educable</i> :—						
Attending school ..	13	6	19			
Not at school ..	—	—	—			
<i>Ineducable</i> :—						
In Mental Hospital	—	1	1			
In Mental Deficiency Institution	1	3	4			
At home	3	5	8			
				17	15	32
				21	20	41

Education, Training and Employment
Age periods 16 years and upwards

<i>Educable—At school : 16—20</i>				..	..	—	1	1			
									—	1	1
<i>Employed</i>											
<i>(a) In Workshops for the Blind</i>											
16—20	..	..	..	—	—	—		
21—39	..	..	..	11	3	14					
40—49	..	..	..	14	5	19					
50—59	..	..	..	11	4	15					
60—64	..	..	..	3	1	4					
65 and over	..	..		—	1	1			39	14	53
<i>(b) As Approved Home Workers</i>				..							
50—59	..	..	..	1	1	2			1	1	2
<i>(c) All others</i>											
16—20	..	..	..	1	—	1					
21—39	..	..	..	14	5	19					
40—49	..	..	..	10	3	13					
50—59	..	..	..	11	1	12					
60—64	..	..	..	3	1	4					
65 and over	..	..		3	—	3			42	10	52
									82	25	107
<i>Undergoing Training</i>											
<i>(a) For Sheltered Employment</i>				..	..	4	—	4			
<i>(b) For Open Employment</i>				..	..	1	—	1			
<i>(c) Professional or University</i>				..	..	1	—	1			
									6	—	6
<i>Not Employed</i>				..	..	..	..	..	316	510	826
							TOTALS		425	556	981

TABLE F.—Registration of Blindness

During the year ended 31st December, 1959, 111 names were added to the local register of blind persons and 132 names were removed. Details are shown in the following table :—

Number of registered blind persons at 31st December, 1958	..	..	1,002
Number registered during 1959	..	..	99
Transfers into area	..	..	10
Re-certified	..	..	2
			111
			1,113
Deaths..	..	..	107
De-certified	..	..	9
Removals out of area	..	..	16
			132
Number on register 31st December, 1959	..	..	981

The source of reference of the 99 new cases was :—

General Practitioner	1
Medical source other than General Practitioner	20
National Assistance Board	40
Lay source other than National Assistance Board	38
	<u>99</u>

TABLE G.—Blind Persons with other Disabilities

Of the 981 persons registered as legally blind at 31st December, 1959, 378 were suffering from some other disability. The following table classifies these persons according to the additional disability :—

Mentally disordered	14
Mentally Defective	20
Physically Defective	210
Deaf with speech	14
Hard of hearing	78
Mentally disordered and Physically Defective	2
Mentally disordered and Deaf with speech	2
Mentally Defective and Physically Defective	4
Mentally Defective and Deaf without speech	1
Mentally Defective and Hard of Hearing	2
Physically Defective and Deaf with speech	6
Physically Defective and Hard of hearing	24
Mentally Disordered, Physically Defective and Hard of hearing	1
TOTAL	<u>378</u>

The number of registered persons suffering from some other disability in the six previous years was as follows :—1958, 395 ; 1957, 345 ; 1956, 335 ; 1955, 324 ; 1954, 309 ; 1953, 300.

TABLE H.—Register of Partially-Sighted Persons

Age Group	0—1		2—4		5—15		16—20		21—49		50—64		65 and over		All ages		Total both sexes
Date	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
31st March, 1951 ..	—	—	—	—	—	—	—	—	—	2	3	3	14	18	17	23	40
31st December, 1952	—	1	—	—	17	12	3	1	2	7	8	5	22	52	52	78	130
31st December, 1953	—	—	—	1	19	13	4	2	3	6	10	7	35	70	71	99	170
31st December, 1954	—	—	—	1	19	16	4	3	7	5	8	12	46	86	84	123	207
31st December, 1955	—	—	1	1	19	14	2	2	5	4	9	11	48	91	84	123	207
31st December, 1956	—	—	2	1	19	15	3	2	5	5	8	10	53	103	90	136	226
31st December, 1957	—	—	1	1	17	18	3	3	12	6	5	14	49	106	87	148	235
31st December, 1958	—	—	—	1	13	16	5	7	9	6	7	9	50	86	84	125	209
31st December, 1959	—	—	1	2	13	14	7	7	8	7	9	11	48	78	86	119	205

EMPLOYMENT

The following table shows the distribution of all employed blind persons from 1952 :—

<i>Year at December 31st</i>						(a) <i>Blind Workshops</i>	(b) <i>Home Workers</i>	(c) <i>Employed elsewhere</i>	<i>Total</i>
1952	..	..	..	..	..	60	3	51	114
1953	..	..	..	..	..	58	3	44	105
1954	..	..	..	..	..	59	3	47	109
1955	..	..	..	..	..	60	2	49	111
1956	..	..	..	..	..	60	2	50	112
1957	..	..	..	..	..	57	2	48	107
1958	..	..	..	..	..	56	2	53	111
1959	..	..	..	..	..	53	2	52	107

1. PERSONS EMPLOYED OR UNDER TRAINING.

The number of blind persons employed in the workshops at the 31st December, 1959, is shown in the table below :—

<i>Area</i>				<i>Administration and miscellaneous</i>	<i>Men's Department</i>				<i>Women's Department</i>	<i>Total</i>
					<i>Basket</i>	<i>Boot</i>	<i>Brush</i>	<i>Mat</i>		
Sheffield	..	..	..	2	7	9	12	9	14	53
Doncaster	..	..	..	—	1	—	—	—	—	1
Rotherham	..	..	..	—	2	—	4	2	2	10
West Riding of Yorkshire				—	1	—	3	2	—	6
Derbyshire	..	..	..	—	1	—	1	—	1	3
All Areas	..	..	..	2	12	9	20	13	17	73

The number of blind persons on the Workshop register (73) is four less than at the 31st December, 1958.

Three names were added as under :—

<i>Area</i>				<i>Department</i>		
Rotherham	..	..	..	Women's	..	1
Sheffield	..	..	..	Brush	..	1
Sheffield	..	..	..	Women's	..	1
				TOTAL	..	3

and seven were removed :—

<i>Area</i>				<i>Department</i>		
Rotherham	..	..	..	Women's	..	1
Sheffield	..	..	..	Brush	..	3
Sheffield	..	..	..	Mat	..	2
West Riding C. C.	..	..	..	Basket	..	1
				TOTAL	..	7

(Two of the above retired, one was removed owing to low earnings, two died, one left for health reasons and one for domestic reasons).

There were four trainees at 31st December, 1959 against none at the previous year end. Two were Sheffield cases, one Barnsley C.B.C. and one West Riding C.C.

2. THE TRADE POSITION

While there was no unemployment during 1959 the work position in the basket and boot repairing departments was very difficult for several weeks early in the year, and because of this it was unfortunate that, mid-way through the year, it was necessary to increase boot repair prices to cover increased raw material and wages costs. Letters were addressed to the Clerks of all County Borough and Urban and Rural District Councils within a 25 mile radius of Sheffield advising them of the goods produced at the Sharrow Lane Workshops. The Purchasing Officers of the various nationalised industries and hospital management committees in this area were also circularised. The Ministry of Health, nationally, by circular to all Regional Hospital Boards, drew attention to the continuing need of priority suppliers for contract work. Throughout the country the position was the same and the National Association of Workshops for the Blind spent a good deal of time considering marketing developments and, in particular, an extension of inter-trading between blind workshops.

During the year detailed arrangements were approved for providing first-aid treatment in the workshops more adequately. Five members of the staff attended classes organised by the St. John Ambulance Association and gained the necessary certificate.

As in 1958 the Parks Committee again granted free space for the blind workshops to display and sell goods at the Sheffield Show which was held in Endcliffe Park on July 30th, 31st and August 1st, 1959.

3. THE SCHEME OF PAYMENTS TO BLIND WORKSHOP EMPLOYEES.

This has operated since 1951 and has been amended as necessary.

At 31st March, 1960, the scheme was as follows:—

- (1) That the standard payment rate for blind male workshop employees be £9 0s. 6d. and that the rate for females be 75 per cent. of this rate, viz. :—£6 15s. 4½d. per week ; these rates to be used for sickness and holiday payments.
- (2) That the standard 5 day working week be—males 40 hours and females 35 hours.
- (3) That with regard to the qualifying earnings figures which are based on the appropriate piece-work basis time rates for each trade, it will be appreciated that these are subject to revision from time to time as required.

- (4) That there be a standard augmentation rate for each group of workers, provided the workers reach the qualifying earnings figure as set out in the following scale :—

				<i>Qualifying Earnings</i>	<i>Augmentation</i>	<i>Total Payments</i>
				£ s. d.	£ s. d.	£ s. d.
MALES						
Brush pan hands	..	..	..	3 1 8	5 18 10	9 0 6
Brush drawn hands	..	..	..	2 9 8	6 10 10	9 0 6
Basket Department	..	..	..	2 16 8	6 3 10	9 0 6
Mat Department	..	..	..	3 10 6	5 10 0	9 0 6
Boot Department	..	..	..	2 12 10	6 7 8	9 0 6
FEMALES						
Caning and Seagrass Seating workers	..	..	..	1 8 5	5 6 11½	6 15 4½
Flat machine	..	..	..	1 12 9	5 2 7½	6 15 4½
Round machine (also weaving, netting and light basket work)	..	..	..	19 5	5 15 11½	6 15 4½

Those who receive the above payments will be regarded as qualified workers.

- (5) That workers' earnings be reviewed at six-monthly intervals ; special reports to be presented in respect of those operatives who do not qualify in accordance with the foregoing scheme. The Disabled Persons Welfare Sub-Committee deal with these cases on their merits.

4. SALES.

The following table shows the sales and the productive wages paid to blind employees in the workshops during the last ten years:—

<i>Year ended 31st March</i>	<i>Productive Wages</i>	<i>Gross Sales</i>	<i>Less Purchase Tax</i>	<i>Total Net Sales</i>	<i>Gross Profit</i>
	£	£	£	£	£
1950	7,926	34,815	2,782	32,033	9,696
1951	7,547	35,818	2,882	32,936	9,885
1952	8,577	38,486	3,014	35,472	7,374
1953	9,157	38,329	2,173	36,156	7,650
1954	9,186	40,187	1,716	38,471	9,290
1955	9,850	40,877	1,731	39,146	10,383
1956	10,199	41,982	1,969	40,013	10,473
1957	12,045	46,471	2,450	44,021	11,303
1958	11,596	44,392	1,568	42,824	9,995
1959	12,005	43,962	1,179	42,783	10,732

The sales of Thrift Tickets continued during the year. Cash received from 10th November, 1952—the date the scheme was restarted after the war—to 31st December, 1959, totalled £6,005 14s. 3d. The value of tickets exchanged for goods in the same period was £5,947 14s. 4d.

5. IN APPROVED HOME WORKERS SCHEMES

At 31st December, 1959, there were two approved home workers and these were employed as under :—

Music Teacher	..	..	..	..	..	..	..	..	1
Piano Tuner	..	..	..	..	..	..	..	..	1

During the year a satisfactory report was received from the Ministry of Labour upon their inspection on the 10th November, 1958 of the Council's Home Workers' Scheme for the Blind.

6. IN OPEN INDUSTRY AND ELSEWHERE

At 31st December, 1959, 52 blind people were employed outside the local blind workshops. Their occupations are as follows :—Agents, collectors 2 ; Basket worker 1 ; Typists 2 ; Shopkeepers 4 ; Factory operatives 6 ; Gardener 1 ; Home Teacher 1 ; Labourers 4 ; Masseurs 3 ; Hawker 1 ; Packers 7 ; School Teachers 2 ; Telephone operators 10 ; Miscellaneous 8.

OTHER WELFARE SERVICES FOR BLIND AND PARTIALLY SIGHTED PERSONS

VISITATION AND LESSONS

During 1959 the home teaching staff of eight was depleted owing to the illnesses of 2 Home Teachers for 10 months and 3 months each respectively. A part-time Home Teacher was also additionally appointed for 9½ months.

	BLIND PERSONS		PARTIALLY SIGHTED PERSONS	
	1958	1959	1958	1959
Visits paid for special reasons ..	1,037	823	182	107
Visits of routine character ..	4,224	3,749	611	418
Individual lessons given	488	521	3	35
Social services rendered	176	118	6	1
TOTALS	<u>5,925</u>	<u>5,211</u>	<u>802</u>	<u>561</u>

In addition to the above, 53 visits were paid to hospitals where 862 blind and partially sighted persons were seen in the year ended 31st December, 1959.

The Committee again approved the attendance, by rota, of the home teaching staff at the various activities—the ordinary refresher course, the special week-end course on the Functions and Diseases of the Eye, the

usual week-end school and the usual day conferences—arranged by the North Regional Association for the Blind. One Home Teacher also attended the Summer School of the Central Council for Health Education.

LIBRARY SERVICES.

The Committee has continued its grant to the National Library for the Blind. This service continues to be very popular.

Details of book issues:—

	<i>April 1st, 1958 to March 31st, 1959</i>	<i>April 1st, 1959 to March 31st, 1960</i>
Volumes issued direct by the National Library	5,056	4,522
Volumes issued from Sharrow	961	1,010
TOTALS	<u>6,017</u>	<u>5,532</u>

The Committee again made a contribution to the Nuffield Talking Book Library for the Blind so that local persons using the Library could receive pre-paid labels for the return of their talking book records to the Library for exchange. The introduction of this service has brought into line the position of persons with talking books and those using Braille or Moon books from the National Library for the Blind at Manchester.

At 31st March, 1960, 46 persons were using the service, the same number as at the corresponding period in 1959.

The number of volumes issued to local blind persons direct from the National Library for the Blind in Manchester in successive years from 31st March, 1956 to 1960 has fallen : 5,583, 5,195, 5,244, 5,054 to 4,522 in 1960 but the number of Talking Books in use is gradually increasing.

HANDICRAFT CLASSES

These were continued as in previous years. Classes were held every week—on Wednesday morning for men and Wednesday afternoon for women. There were 88 classes in the period of review, the average attendances for men being 32 and women 31.

The special fortnightly classes for the deaf-blind were again very much appreciated, transport arrangements being made to convey the members to and from the workshops by car. There were 22 classes, and the average attendance was 18.

In July the National Deaf Blind Helpers' League arranged a Rally for the Yorkshire Area and this was held in Temple Newsam Park, Leeds. A coach load of local Deaf-Blind persons was taken and the event—the first of the kind held for this area—was considered to be very profitable and successful.

The Saturday morning Woodwork Handicraft Class, under Mr. A. L. Robinson, was also continued and the average attendance was five.

DISTRICT SOCIAL CENTRES

(a) *Broomhill*

The first centre, which was opened in April, 1949, had 22 fortnightly meetings which were held in the Broomhill Welfare Centre, Taptonville Road, and the average attendance was 12.

(b) *Firth Park*

The second centre was opened in January, 1952, at the Firth Park Welfare Centre. 22 fortnightly meetings were held during the year and there was an average attendance of 26.

(c) *Manor*

A third Centre was opened in January, 1954, and this is held at the Manor Welfare Centre, Ridgeway Road. 22 fortnightly meetings were held and there was an average attendance of 30.

(d) *Sharrow*

A fourth Centre was opened in May, 1954. This is held in the Concert Hall at Sharrow Lane. 20 meetings were held and there was an average attendance of 22.

(e) *Darnall*

A fifth Centre was opened in January, 1955, and is held at the Darnall Labour Hall. 22 fortnightly meetings were held and there was an average attendance of 21.

(f) *Hillsborough*

A sixth centre was opened in August, 1956, and held at the Co-operative Hall, Middlewood Road, until April, 1960. 20 fortnightly meetings were held during 1959 and there was an average attendance of 24.

CHILDREN'S WELFARE CENTRE.

This centre was opened at the Parson Cross Nursery in March, 1955. In February, 1956, it was transferred to the Nursery premises at Carbrook, and from January, 1957, the Centre has opened two days per week. The experiment has proved a great success and could not have been achieved without the untiring efforts of the staff who undertook this pioneer work.

During 1959 the Centre opened 92 times and there was an average attendance of six.

TRAVELLING FACILITIES FOR BLIND AND PARTIALLY SIGHTED PERSONS

When the Public Service Vehicles (Travel Concessions) Act, 1955, became operative, the City Council decided to exercise its powers under the Act so as to grant travel concessions to the maximum extent permissible.

So far as registered blind persons were concerned, this meant the restoration of the free travel concessions which operated up to September, 1954. The restriction in regard to the purpose of travel was removed. At December 31st, 1959, 532 blind persons and 27 partially sighted persons were pass-holders.

In June, 1956, the City Council authorised that Blind Persons' Guide Dogs should be carried free on Corporation buses and trams. At 31st December, 1959, there were six persons holding the necessary permits, at 31st December, 1958, seven and at 31st December, 1957, eight.

PROVISION OF HOLIDAYS

This scheme again operated in 1959, in accordance with the following rules :—

- (a) Financial assistance to be given for holidays in Holiday and Rehabilitation Homes or elsewhere, as authorised in the approved scheme, where facilities are not available through the Care and After-Care Service or from any other source.
- (b) Assistance to be limited to the first hundred applications, those assisted in one year to foot the next year's list. Train or coach fare up to 30/- per person and a grant of 30/- per person towards maintenance expenses to be made, the balance to be paid by the blind person. No grant to exceed £3 per person.
- (c) All applicants must be in receipt of a National Assistance Allowance or payments which do not exceed the allowance to which the blind person would be entitled if that person were in receipt of National Assistance Allowance.

CHIROPODY TREATMENT AND THE DISTRIBUTION OF COMFORTS

Both these services—available to blind persons only—were continued in 1959. The chiropody treatment scheme has been available since 1943. The distribution of comforts (Bovril, Horlicks, Ovaltine, Ribena, etc.) to house bound and invalid persons was made on the same scale as in previous years.

WIRELESS SETS

The Department has employed a full-time wireless mechanic since 1947 to service the sets received from the British Wireless for the Blind Fund. 463 of these sets were in service at the 31st December, 1959. Maintenance was also carried out on 121 privately-owned sets of other blind people. In the majority of cases no charge is made, but each case is assessed individually according to an approved scale ; those in full-time employment pay full cost. During the period under review, 109 sets were returned to the Department owing to deaths or receiver defects. 45 new sets were received from the B.W.B. Fund during the same period.

A summary of the work undertaken is given below :—

	1958	1959
Service visits paid	580	574
Repairs carried out at the Workshops	133	149
Sets issued to blind persons for first time ..	79	76
Sets issued for replacement purposes	36	38

This service was extended during 1955 to certain persons on the Partially Sighted Register. Twenty-one gift sets have now been allocated and are being maintained by the mechanic.

British Relay Wireless, Ltd. has now indicated, through their Sheffield office, that their relay radio service can be supplied to registered blind persons at a reduced rate ; the loudspeaker will be supplied by the firm on loan.

BATH TICKETS

The Disabled Persons Welfare Sub-Committee and the Cleansing and Baths Committee jointly continued to meet the cost to enable blind people to have free baths. 229 Tickets were issued during 1959.

PROVISION OF ENTERTAINMENT

As in previous years, concerts were held monthly in the hall at Sharrow Lane, and thanks and appreciation were tendered to the following who arranged concerts :—

Beauchief Singers (Miss E. Mann).
 Grenoside Male Voice Choir.
 The Joysters Concert Party
 The Laughtermakers
 Mr. Clifford Mills
 Psalter Lane Ladies Social Centre
 Southey Methodist Church Choir
 St. Oswald's Church (Millhouses) Pantomime Company
 Miss Marie Sparling and
 The Versatilians.

The Sheffield Wednesday Football Club once again kindly allotted six free stand tickets for the use of blind people during the season 1958-59 for all first and reserve team matches. Sheffield United Football Club also allocated six free stand tickets for use during the same period. Mr. F. Yates kindly arranged a rota of voluntary commentators who attended the games and gave summaries of the matches to the blind men attending.

SHEFFIELD JOINT BLIND WELFARE COMMITTEE

The above Committee, which was formed in 1948, continued its activities, co-ordinating the welfare work of the Royal Sheffield Institution for the Blind and this Department,. The regular features which had proved popular in the past were continued and there was the usual joint outing. The destinations in June, 1959, were Skegness and Derbyshire (Buxton and Matlock).

WELFARE SERVICE FOR THE DEAF

by A. J. DEAN, Deaf Welfare Diploma, Superintendent

"I'll speak to thee in silence"—William Shakespeare (Cymbeline)

The Council's direct welfare service for the Deaf began in June, 1955, and the service is now well known to most of the Deaf in the City. There are, of course, a vast number of Hard-of-Hearing persons with whom we have had no contact and who are not likely to use the service at present. It is felt, however, that there must be quite a considerable number of Hard-of-Hearing persons who would benefit from such advice and assistance as we have been able to offer to those already on our register. The problem of the Deaf and Hard-of-Hearing is a difficult one and in this report the first part deals with the Deaf, the second part dealing with the Hard-of-Hearing.

The Deaf.—These people can be defined as those who, because of a severe hearing defect from an early age, have had to be educated at a special school for the deaf. The number on the adult register remains almost constant, the figure at the 31st December, 1959, being 364 compared with 362 at the end of 1958. All except a small number of these are over the age of 16 (school leaving age for the deaf). In addition to this number there are approximately 100 children who at present attend the Maud Maxfield School for the Deaf.

One of the features of this disability is that the deaf person is mobile and, of course, does not need a great deal of assistance to get from one place to another. The Blind or Other Handicapped Persons, having got to their destination—let us say the doctor's or the shops, work or club—are then able to express their wants and to mix with others through the help of a common language. The deaf person can get to all these places but, having arrived, he becomes one apart because his language is different. As has been said in previous reports, the deaf are encouraged to make as much use of speech and language as possible. Every contact within a hearing society, however, brings many problems to the deaf, and the understanding of language, whether it be spoken, written or manual is perhaps one of the biggest difficulties of all.

Many of those who called at the office, 856 in the year under review, required an explanation of some phrase or question. The Welfare Officer is not only an interpreter of words, for the deaf are usually only too conscious of their inadequacies and require support from a hearing person. Limited language, lack of communication and the isolation which deafness

brings, are basic difficulties and it is the department's work to try to help the deaf to overcome some of these. 1,280 visits during the year have enabled the deaf to speak freely in their own homes and in their own language. Their domestic problems are brought forward and their views and feelings aired. They naturally enjoy the opportunity of doing this freely. Some of their problems are simple, but many are serious and most spring from an inability to communicate. An elderly lady who lives in an old person's flat has neighbours who visit each other quite frequently and, when they visit in this way, the deaf lady feels that she is the subject under discussion. The neighbours have tried to be friendly without success, and it is felt that lack of communication and a feeling of being apart is the problem in this case. Not only do we try to help the deaf themselves, but also other members of the household. For example, the hearing adolescent daughter of a deaf couple decided that she would leave home but, having done so, she had no one to turn to for advice and wondered what to do next. Eventually, the daughter asked for our help in advising her and explaining to her parents why she thought that they had been unfair to her. After seeing both parties on a number of occasions, agreement was reached and the daughter returned home. In this case the real problem was the lack of understanding precipitated by limitations of language. It would, of course, be wrong to give the impression that all deaf persons have the type of problems instanced above, but these two examples are indicative of some of the difficulties that restricted communication can create.

In addition to the number of domiciliary visits recorded above, 369 visits to other places have been made on behalf of deaf persons. Amongst this number, visits have been made to the chemist to collect medicine, to post offices to collect pensions and various places to pay accounts, for in some cases the language barrier stops the deaf from asking their neighbours to help in this way in time of illness or infirmity. A large number of these visits are simply a matter of accompanying the deaf to various places where they just have not the confidence to go by themselves. Visits were also made to other organizations to discuss problems and cases, and visits to deaf persons to pass on some message which would not have been understood had written language been used.

Hospitalisation emphasises the isolation of the deaf, and regular visits are essential. Seventy-two such visits have been made. A deaf man was admitted to hospital as a result of an accident, and during his first two months in hospital (which ended at the end of the year), he was visited thirty times. At first we were the only ones able to communicate with him ; it was the Welfare Officer who told him what had happened to him as a

result of the accident. He would not eat until he was encouraged to do so by the Welfare Officer, and later refused to help himself and the hospital staff in any way. His whole attitude towards them was far from good until we had explained what was required of him. This man is still in hospital and is still being visited. It is not necessary to visit him so often now because he understands that everything possible is being done to help him. He knows this because it has been explained to him in his own language ; moreover some of the hospital staff are now able to talk to him in simple forms of manual language. This link—language—has now been made. It may be thought that this link could have been made by use of pen and paper but it was not so in this case.

In some cases pen and paper could help but much depends on the words used. A deaf man who was in hospital was asked, in writing, “ Have you been vomiting?” He could read the first three words, but the fourth one had no meaning to him so he shook his head. The staff took this answer to mean “ No.” When his wife, who is also deaf, visited him that evening, he told her of this incident, one of many during the day which he had not understood ; nor for that matter did she. The next day his wife asked us to visit him. He had been in hospital for a number of days, and did not know the reason for some of the things that had been happening to him, and as a result he was in a very distressed state. When the Welfare Officer visited, he asked him had he been “ sick ” and he said “ Yes.” As has been said earlier, the Welfare Officer is not merely an interpreter of words ; whilst visiting then, and on other occasions, we were able to assure the man that he was not as ill as he had supposed. We visited and talked of football and some of the other things which hearing patients can chatter about to pass away their time during the day but which are denied the deaf. Hospitalisation is often complete isolation for the deaf patient, not only because of his illness, but also because of his language.

There are, of course, times when the Welfare Officer acts purely as an interpreter and we have recorded these occasions in the table below.

INTERPRETATIONS CARRIED OUT DURING 1959						
Hospitals, Doctors, etc. . . . .	..	..	..	..	..	154
Ministry of Labour and National Service . . . . .	..	..	..	..	..	24
Court Cases or for Police . . . . .	..	..	..	..	..	32
National Assistance . . . . .	..	..	..	..	..	17
Others . . . . .	..	..	..	..	..	54
TOTAL						<u>282</u>

I feel it is again important to repeat what was said in the last report. The figures recorded above do not only refer to cases where signing and finger spelling have been used. The Welfare Officer has spoken the words

for the deaf person to lip-read. The best lip-readers will not find it easy to lip-read everything, for it has its limitations. There are also those deaf who can lip-read and have speech, but this speech is not easily understood so that some assistance is still required.

The lack of language which this life-long disability brings affects the deaf in the field of employment, more so today than ever before. At a time when the education of the deaf is broader, the industrial world is changing and demanding a higher standard. A number of older deaf who are skilled tradesmen have been fortunate enough to acquire knowledge from sympathetic and understanding skilled craftsmen, quite often in a small firm. Of recent years, the chances for the younger deaf of obtaining such a training and apprenticeship is getting less for a number of reasons. Machines are being used to replace the hand crafts, there are larger firms, and the old type of craftsman, willing to pass on his knowledge, is dying out. The most difficult thing for the younger deaf person to overcome is the increasing demand for a good educational standard, particularly on the technical side. The same thing applies in the professions. Here again the standard of qualifications appears to be higher and, whilst the deaf youth may have the ability to do the work, unfortunately because of his disability, he is, in fact, debarred from attending schools for further education.

During the year the following visits have been made, mainly in attempts to find employment for the deaf.

VISITS WITH A VIEW TO PLACEMENT IN EMPLOYMENT DURING 1959							
Visits to Works	..	..	..	..	..	..	220
Visits to Homes regarding employment				..	..	..	12
Visits to Ministry of Labour and National Service	..				..	..	21
Follow-up visits to Works or Homes	..		..	..	..	..	11
TOTAL							<u>264</u>

These visits resulted in 19 persons being placed, but the type of work found varies, being unskilled in the main. For the reasons given it appears that some arrangements should be made for the further education of the deaf to increase their language and so enlarge their understanding and scope, but any efforts in this direction are of limited value unless employers are prepared to consider the possibility of employing deaf labour. The writer feels that better placements could be made if more employers were not quite so reluctant to consider employing the deaf. It is easy for the employer to say that there is an element of risk involved in a particular job, when perhaps the matter could be further considered and more suitable work offered in another part of the factory.

Once again at Christmas gifts were given to those who appeared to be in need over the festive season, and in the New Year parties were given for all those who were on the register (together with their families, if any). Three hundred people attended these parties.

A Welfare Service is not needed by all the deaf every day of the week. There are, of course, some deaf who very seldom ask for our assistance and this is, to us, highly satisfactory. If we can help the deaf man to be independent, so much the better, but there are times in the lives of most deaf people when they are confronted with a problem which requires our help. Some deaf by the very nature of the frustration resulting from their disability are always in trouble.

The Hard-of-Hearing.—On the register at 31st December, 1959, there were 265 Hard-of-Hearing persons. It must be remembered, of course, that some of those on this register are severely deaf and cannot hear even with the help of a hearing aid. There is no definition of deafness as such. For our registration purposes, the deaf are defined as those who have received their education at a special school for the deaf, and the hard-of-hearing as those who have had normal schooling with or without the use of a hearing aid. Thus, on both registers there are people with a varying hearing loss.

The problem of limited language does not arise amongst this group of people. Persons on the hard-of-hearing register may have superb language, yet may not be able to hear. There are those who retain quite good speech and language, but because a hearing aid is of no use to them (or they cannot wear one), and because they cannot lip-read, their communication is limited. Therefore, quite a number of the hard-of-hearing have also to adjust themselves to the hearing world—they go to the doctor or the shops, they can ask for what they require and, when they go to work or the club, they can communicate but cannot always participate to the extent they used to. This is frustrating, and to overcome this some of them mix together in their own club. The Sheffield Club for the Hard-of-Hearing arranges a weekly programme of social activities and has over a hundred members. Quite a number of those who are on this register are members of the club. This voluntary association receives a grant from the local authority whose officers are always well received by the members when they visit the club. The Sheffield Association of Deaf People continues to meet the needs of the hard-of-hearing who cannot benefit from attendance at a hearing church and wish to worship together as a group. This Association has always made the Welfare Officer most welcome when he has attended their meetings.

Our visits to Middlewood Hospital have continued monthly where the average number of patients seen has been 26.

In previous reports it was suggested that more visits could be made to the hard-of-hearing. The number of such visits during the year was 227 compared with 126 in the previous year. In addition to this 46 people on this register called at the office. Some of these calls have been connected with employment, and during the year we were instrumental in placing two hard-of-hearing men. It would appear from these figures that those on this register, whilst not requiring a great deal of assistance in matters connected with language, do appreciate occasional visits, and do, from time to time, require our help.

As recorded above, the Welfare Service for the Deaf has, during the year under review, dealt with 902 calls at the office and has made 1,507 domiciliary visits and 369 other visits. On 282 occasions we have acted as interpreters. In addition, 98 visits have been made to hospitals, 387 patients having been seen. We have also made 264 visits in respect of employment and placed 21 people.

WELFARE SERVICES FOR OTHER HANDICAPPED PERSONS

By JEAN B. PARKER, M.B., Ch.B., Senior Assistant Medical Officer

"None can be call'd deform'd but the unkind."

—William Shakespeare (Twelfth Night)

Since the establishment of the Council's schemes for the Welfare of Handicapped Persons other than the blind and deaf, the numbers seeking registration and help have continued to increase. The services are more widely known although notifications come chiefly from hospital consultants, general practitioners, hospital almoners, health visitors, home nurses, public health inspectors and officers of the Ministry of Labour. At the end of 1959 the total on the register was 1,152.

The Medical Officer with special responsibilities for the Care and After-Care Service sees the patient after notification. The interview is usually at the patient's house, but a few are in hospital before discharge and a small number prefer to attend at the Public Health Department. Disability after accident or an illness can occur at any age and the problems which confront the patient and his family are varied and not easy to solve without help from outside sources.

Handicapped persons who are fit to work immediately or soon after leaving hospital are advised by the Disablement Resettlement Officers of the Ministry of Labour. They may return to their former employment, perhaps to a different type of job, or may require a period of rehabilitation at an Industrial Rehabilitation Unit. Some undergo training for new types of work at a training centre. The Local Authority schemes aim to help those whose recovery is slow and uncertain, or whose infirmity is so great that rehabilitation or training cannot be undertaken by the Ministry of Labour. Patients who suffer severe incapacity and handicap after accident or illness require a longer time to adjust and, if possible, overcome the difficulties. When help from sources outside the family is offered soon after discharge from hospital, the problems of facing a future life in the community are lessened.

The handicraft centres first set up in 1953 by the Local Authority have helped handicapped persons. The first centre at Manor Maternity and Child Welfare Centre provided for a small number of men who, although seriously disabled, could use public transport. As the numbers of handicapped persons seeking registration increased, extension of the services became necessary. Many were desirous of leaving home but were unable to use public transport. This led to the opening of the handicraft centre at Parson Cross and the acquisition of a small vehicle adapted for the use

of seriously handicapped people. These centres were open one day weekly but are now operating two days weekly at Parson Cross and three days weekly at Manor. Transport for handicapped persons is not easy and has to be reviewed carefully so that the person is conveyed economically and efficiently to the centre nearest his home. The majority who attend these centres require special transport and in 1959 a specially equipped bus accommodating 40 passengers was acquired to replace the two smaller vehicles in use. The new vehicle has eased some of the difficulties and presented new ones. It has been found that even with careful supervision transport remains a costly part of the service. Experience at these centres with the conveyance of patients shows that much remains to be learned.

As the attendances increased the handicraft centres at Manor and Parson Cross could not provide for the needs of those who improved in health and skills. They were anxious to do more work and use their skills to greater advantage. A centre was opened at Swinton Street in 1956 with 16 handicapped men who attended three days weekly from 9 a.m. to 4 p.m. Machinery helped these men to make equipment for the home nursing and after-care services—bath seats, chair commodes, back rests, etc., some special orders from hospitals and orders for light woodwork. The group, still too handicapped to be considered for Ministry of Labour schemes but desirous of working every day, was transferred to Sharrow Lane, where a workshop was set up in a basement room at the Welfare of the Blind Workshops. There they are working five days weekly from 9 a.m. to 4 p.m. The articles made for sale are of high standard and prices compare with those in the open market. At present 20 men attend Swinton Street Centre and 11 men at Sharrow Lane Centre. Recruitment for these centres is from Manor and Parson Cross centres where, on admission, they are assessed and trained to use their skills. The progress towards independence is slow and for the majority it is not complete. This means that larger groups of disabled persons attend Parson Cross and Manor Centres and, as the numbers increase yearly, the task of assessing residual abilities and encouraging patients to use and improve them has become more difficult. The pattern within the centres is changing with growing experience of handicapped persons. The results of these trials and errors in helping seriously handicapped persons have been encouraging, although at this stage it is not possible to assess all the factors which account for success or failure in the achievement of independence. If progress is to be made the methods of dealing with handicapped persons must continue to change. In 1959, 18 men and two women have returned to outside employment and nine men and one woman have been accepted by the Ministry of Labour for re-

habilitation. Co-operation with the hospitals at the beginning of rehabilitation in the centres, and with the officers of the Ministry of Labour at the end, is of the greatest benefit both to the patient and to our own staff.

The number of women seeking registration continues to increase. It is intended to make all the groups at Manor mixed so that our clients can be more evenly distributed for teaching and for transport. The occupations for women are chiefly recreational : sewing, weaving and rug-making. The rehabilitation of women towards independence leaves much to be desired, and few seek employment or gainful occupation in these centres. The large numbers do not allow good teaching and hinder accurate assessment of their needs. Reorganisation is the first essential and this should include provision of the equipment which could encourage them to be independent.

The ages of men and women on the register range from 15 to 85 years with emphasis on those in the age group 35 to 60 years. Those for whom no service is provided require fuller investigation. The attempts to teach in the home have been disappointing. There is not enough staff to make this worth-while and it is time consuming in a city where homebound patients are widely scattered. During the year an increasing number of handicapped adolescents have been notified from the School Health Service and Youth Employment officers. The requirements of this age group must be explored so that adequate training can be given to make them independent and, if possible, self supporting.

Registration.—The register of handicapped persons has been established since July, 1952. This registration is completely voluntary and the records are kept on a card embodying the Hollerith “ punched card ” system.

Register of Handicapped Persons (General Classes)

Number of Persons on Register (General Classes) at 1st January, 1959	..	..	1,060
Number of new cases registered during 1959	..	..	118
Number of cases removed from the register during 1959—died	..	..	20
—left city	..	..	4
—other reasons	..	..	2
Number of persons on Register (General Classes) at 31st December, 1959	..		1,152

The disabilities of the 1,152 persons on the Register may be classified as follows :—

Amputation—one arm (including partial)	..	..	..	..	..	..	1
Amputation—one leg (including partial)	..	..	..	..	..	..	19
Amputation—both legs (including partial)	..	..	..	..	..	..	6
Arthritis and muscular rheumatism (including fibrositis)	..	..	..	..	..	..	97
Congenital malformation and deformities of the skeleton	..	..	..	..	..	..	39
Diseases of the digestive system—gastric, duodenal and anastomatic ulcers ; hernia, adhesions; diseases of intestines, rectum, liver, pancreas; colitis, rectal prolapse							19
Diseases of the genito-urinary system—nephritis, pyelitis, cystitis, incontinence	..						6
Diseases of the heart or circulatory system	..	..	..	..	..	..	133
Pneumoconiosis (including silicosis)	..	..	..	..	..	..	4
Asthma, chronic bronchitis, bronchiectasis, emphysema	..	..	..	..	..	..	79
Diseases of the skin	..	..	..	..	..	..	2
Eye defects other than blindness	..	..	..	..	..	..	—
Injuries of the head, face, neck, thorax, abdomen, pelvis, trunk	..	..	..	..	..	..	8
Injuries and diseases (except tuberculosis) of lower limb, upper leg, knee, ankle, foot ; loss of joint function (ankylosis)	..	..	..	..	..	..	14
Injuries and diseases (except tuberculosis) of upper limb, shoulder, upper arm, elbow, wrist, hand ; loss of joint function (ankylosis)	..	..	..	..	..	..	4
Injuries and diseases (except tuberculosis) of spine—curvature, spondylitis	..						23
Gun-shot wound	..	..	..	..	..	..	1
Disease of ear	..	..	..	..	..	..	1
Psychoses, psychoneurosis	..	..	..	..	..	..	82
Epilepsy	..	..	..	..	..	..	86
Other organic nervous diseases—disseminated sclerosis, paraplegia, etc.	..	..					231
Mental deficiency	..	..	..	..	..	..	148
Tuberculosis (respiratory)	..	..	..	..	..	..	23
Tuberculosis of spine, bones, joints, etc.	..	..	..	..	..	..	29
Poliomyelitis	..	..	..	..	..	..	52
Encephalitis	..	..	..	..	..	..	11
Pernicious Anaemia	..	..	..	..	..	..	5
Meningitis	..	..	..	..	..	..	1
Muscular Dystrophy	..	..	..	..	..	..	10
Diabetes	..	..	..	..	..	..	13
Haemophilia	..	..	..	..	..	..	2
Cancer of Lung	..	..	..	..	..	..	1
Cancer of Tongue	..	..	..	..	..	..	1
Cancer of Prostate	..	..	..	..	..	..	1
TOTAL	..	..					1,152

This classification of disabilities follows closely that adopted by the Ministry of Labour.

The cases on the previous page have been notified by the following :—

Hospital Almoners	..	..	..	..	..	..	..	..	..	210
National Assistance Board	..	..	..	..	..	..	..	..	..	242
Care and After-Care Service, Health Visitors, Home Nurses, etc.	..	..	..	..	..	..	..	..	..	350
Ministry of Labour	..	..	..	..	..	..	..	..	..	46
Voluntary organisations and social workers	..	..	..	..	..	..	..	..	..	57
Personal applications	..	..	..	..	..	..	..	..	..	55
Social Care Department	..	..	..	..	..	..	..	..	..	3
School Health Service	..	..	..	..	..	..	..	..	..	32
Youth Employment Bureau	..	..	..	..	..	..	..	..	..	12
General Practitioners	..	..	..	..	..	..	..	..	..	63
Ministry of Health	..	..	..	..	..	..	..	..	..	8
City Councillors	..	..	..	..	..	..	..	..	..	6
Hospital Consultants	..	..	..	..	..	..	..	..	..	13
Ministry of Pensions	..	..	..	..	..	..	..	..	..	3
Mental Health Service	..	..	..	..	..	..	..	..	..	47
Other patients	..	..	..	..	..	..	..	..	..	5
TOTAL										1,152

Age-Groups (General Classes)

	0—5 years	6—15 years	16—20 years	21—30 years	31—40 years	41—50 years	51—60 years	61—70 years	71—80 years	81— years	Total
Males ..	22	29	41	75	105	144	159	92	13	—	680
Females ..	23	29	46	61	49	99	75	53	25	12	472
TOTALS ..	45	58	87	136	154	243	234	145	38	12	1,152

The services for the generally handicapped include the aged. It is known that ageing is often associated with illness which can bring disablement. The majority of notifications of this group come from the home nurses and health visitors who are aware of the problems. If they are fit to attend a centre they mix well with other age groups. Some are interested enough to try their skills out again, whilst there are those who are content to enjoy the company of others in recreational pursuits. Throughout the year the health visitors endeavoured to get the aged out to a centre before they had acquired set habits but they are not easily persuaded, and some aged never accept the services offered.

The centre for aged but ambulant persons, which opened in 1957 at Firth Park one day weekly, continues to cater well for the group who attend. They do outwork when it is obtainable and crafts when there is no paid outwork. Profits from the work undertaken or sold are shared among the group, who benefit from working with others and enjoy a meal which they have not had to prepare for themselves. The group grows slowly but those who are recruited attend regularly. At present there are 19 men and women attending.

The social centre opened at Firth Park in 1952 is administered in conjunction with the Council of Social Service. This is a recreational club for those aged who appreciate an afternoon's outing in the company of others of the same age. Their activities comprise concerts, whist drives and outings during the summer. There is an annual sale of work and they have endeavoured to be self supporting. The establishment of a committee from the members provides interest and argument. Each year they have a holiday at the seaside towards which they contribute weekly. A club of this type is helpful to the lonely since it affords opportunity to make friends with others.

On Tuesdays and Thursdays the Swinton Street Centre is open for patients who suffer from tuberculosis. Before they are accepted the co-operation of the Consultant at the Chest Clinic is sought. Some are recovering and almost ready for work. The centre helps them to make steady progress towards suitable employment. Others are not likely to improve sufficiently to be fit for outside employment. They find the centre useful in keeping up their interest in skilful work and are eager to learn more. This group have shown a preference for constructive work rather than occupational therapy, which they did during long stays in hospital and which they do at home. Attendance is fitful because of the nature of their illness and is particularly affected by the weather. Nevertheless it is an enthusiastic and willing group and there are nine patients at present.

During the past two years patients suffering from or recovering from mental illness have been admitted to all the centres. It was found that they were well accepted into groups of handicapped persons and that they attended regularly. Some improved and were found employment, others were transferred to Swinton Street and Sharrow Lane. The notifications now come chiefly from the mental welfare officers. With experience and co-operation between the mental health and after-care sections the results of rehabilitation within the handicraft centres have improved. The reasons for this lie in selecting patients whose treatment and recovery have allowed them to settle down to work. An interesting fact is that, after a patient relapses and requires treatment, he will seek readmission to a centre on discharge from the hospital. The establishment of security under sheltered conditions within the community gives them hope that they can return more fully into jobs where patience and tolerance are shown them during adjustment.

Employment or Occupation.—The centres provided for handicapped persons are graduated to allow long term rehabilitation and final independence if possible. The achievement of independence depends on many

factors—and the reasons for success or failure to recover are not easy to assess. The staff endeavour to find ways to help the processes of recovery through work. This requires a knowledge of the patient before and after illness, assessment of handicap and potential skills. The numbers attending Parson Cross and Manor Handicraft Centre are too great to allow the necessary personal supervision which produces self-reliance. These groups must be reorganised once more into smaller numbers so that teaching and encouragement can be more effective. In the year under review our knowledge of handicapped persons has increased, and this has revealed further problems for us to tackle as efficiently and economically as possible. The handicapped persons who attend regularly each week must go on teaching us how to solve their difficulties. The system of graded employment is satisfactory but there is a need for extension of this part of the service to lessen the numbers in the handicraft centres. Contacts with employers through the co-ordinating officer and Ministry of Labour officials have strengthened during the year. The employment or occupation of persons on the Register is as follows :—

(i) Employed in open industry	82
(ii) At Remploy or sheltered workshop	23
(iii) Employed at home	4
(iv) At Vocational Training	13
(v) Not employed but capable of and available for :—	
(a) Open employment	60
(b) Sheltered employment	264
(c) Home employment	50
(d) Handicrafts	343
(vi) Housewives	36
(vii) Retired from gainful employment	11
(viii) Incapable of or not available for work	166
(ix) Children of school age :—	
(a) At ordinary schools	3
(b) At special schools	5
(c) Receiving home tuition	4
(x) Children under school age	52
(xi) Ineducable children	36
	<hr/>
	1,152
	<hr/>

Marketing of Produce.—The disabled in the centres are encouraged to make articles for sale. The co-ordinating officer is responsible for exploring the market and supplying goods at prices comparable with those made commercially. This stimulates the patients to take pride in their work and to improve the quality of articles made for sale in the open market and through the Welfare of the Blind Salesshop. Orders obtained for coat hangers for a laundry have provided regular work for larger numbers. The profits from sales are pooled and distributed to the patients at suitable intervals and in 1959 a total of £568 1s. 7d. was disbursed.

Training facilities.—The arrangements made with the Director of Education, Regional Controllers and Local Officers of the Ministry of Labour to ensure that a handicapped person can undergo suitable training continue satisfactorily. A larger number of adolescent handicapped persons have been referred to the Local Authority for help towards training during the year. It is thought that more needs to be known about the problems of handicapping disability in adolescence before suggestions for adequate training for suitable jobs can be made. The co-operation with the staff of the School Health Service during 1959 has been helpful and investigations into the difficulties of this age group are being furthered.

Transport facilities.—Passes to and from work are issued to War Disabled. Those handicapped who are not transported by the special bus and who attend three days and five days weekly are given a pass to and from the centres. Others attending two days weekly are issued with tokens to cover the expenses travelling to and from their homes. These facilities are extended to handicapped persons who are registered at the Public Health Department and who use the services of the centres. At 31st December, 1959 there were 155 handicapped persons receiving this assistance—80 passes and 75 provided with tokens.

The specially equipped bus has improved transport to the Parson Cross and Manor Centres. The increasing numbers, however, still pose problems since many handicapped people live long distances away from these centres. Costs are heavy and regrouping is not easy if the staffs at the centres are to be employed economically as well as the transport staffs. The pattern is less confused and experience is helping to show how this service can be improved in the future. It is important to encourage patients to take advantage of passes and tokens to use public transport when they are able to do so.

Meals.—A hot mid-day meal is provided at all centres. This is a beneficial part of the service since it ensures that the handicapped person is offered a balanced meal on one day a week at least. Eating in the company of others encourages them to develop better social habits and to be more interested in food. People who are handicapped and living alone, or left alone for the greater part of the day whilst relatives are at work, are not willing to make efforts to cook for themselves.

These meals are provided without cost to the patients who attend Manor and to the tuberculous patients who attend Swinton Street. The handicapped who attend Swinton Street three days weekly and Sharrow Lane five days weekly pay a nominal charge since they receive money from the sale of the products they make. The aim is to encourage as many as possible to be independent.

The services offered at the centres do not affect the allowances the disabled person receives from National Insurance or National Assistance. The free meals provided encourage people to regain health and strive towards further effort.

Housing.—When a person is permanently and substantially disabled the difficulties of living at home at once become apparent. A small number require special housing with facilities to encourage self-reliance. Others make surprising efforts to overcome handicaps if alterations to houses are made. The alterations required vary with the needs of the patients, and visits to inspect premises are time consuming as the requests for help have increased. Where rehousing is necessary the Medical Officer of Health makes recommendations to the Housing Committee. Housing which is suitable to a handicapped person can sustain independence learned in hospital during treatment and may prevent breakdown. This must play a more important part in helping certain types of handicapped persons in the future. During 1959 the following alterations and adaptations were provided for 54 patients.

(a)	Construction of concrete driveways for motor-chairs	..	..	..	..	23
(b)	Provision of handrails to stairs and steps..	..	..	..	..	16
(c)	Construction of concrete ramps over steps	..	..	..	..	2
(d)	Provision of handrails in bathroom and/or toilet	..	..	..	..	8
(e)	Adjustment of toilet and bathroom doors	..	..	..	..	2
(f)	Alterations to w.c.	..	..	..	..	1
(g)	Lowering of light switches, taps and door handles	..	..	..	..	1
(h)	Provision of extra lighting and power plugs	..	..	..	..	1

Gadgets and appliances to overcome disability have improved, and many who are disabled find that these ease the difficulties associated with particular types of handicapped. Advice as to where these can be bought is available at the Care and After-care Section. Some are made by the handicapped attending centres and can be loaned.

Holiday Facilities.—The Council has decided that financial assistance in respect of holidays for handicapped persons should be a maximum of 30/- per period for maintenance and 30/- towards the cost of travelling expenses. This assistance is limited to those who are unemployed and in receipt of National Assistance Benefit, Widow’s Pension, Retirement or other similar benefit. It is not easy to find holiday homes which cater for the disabled and arrangements are often difficult to make.

Carbrook Nursery for Handicapped Children.—The nursery is open on Monday, Tuesday and Thursday for children suffering from cerebral palsy and other diseases of the central nervous system. On Wednesday and Friday blind children attend. They are taken to the nursery by the special transport provided and are given a hot mid-day meal.

The interest in dealing with handicapped children from an early age is growing. When the nursery opened in 1955 the aim was to relieve mothers of the strain of constant attendance on a handicapped child and to discover what could be done to help the child. Young handicapped children, even where there is a family, tend to be solitary since their disability usually precludes them from joining in vigorous play activities. Moreover parents are at a loss to know how such children can be occupied without their help, and the child becomes isolated and dependent upon the services of others. In the beginning the staff, nervous of new approaches by reason of inexperience, did little to counteract the tendencies which were developing. The change in attitude on the part of the staff comes from blind children who, apart from their handicap, were active and insistent to play. The demands of these children had to be met and soon the staff were using play activities which they had known in day nurseries for normal children, which the blind quickly adapted for their own use. Now these children appear to the onlooker to have no handicap whatsoever. The training they derive from play makes them adjust to their handicap and to society. They are secure and confident with the staff and with other children, knowing that they return home to their parents and family after a happy busy outing. Entry to school is easier since the first years are an extension of the routines with which they have become familiar.

The group which attends on Monday, Tuesday and Thursday is more mixed, and the improvements in dealing with them have been slower. Nevertheless the steady progress shown is encouraging to the staff and to the parents. It is difficult to find pastimes to occupy disabled children who cannot walk and who may be retarded in intelligence. Freedom of movement, however limited, towards play material of individual choice is the first step towards independence, and the staff are more aware when to give help and when to encourage without help. The majority of these children have more than one handicap and many are attending for treatment at hospital. Some can attend school and it is important that the right school should be found to suit their requirements.

These children who have attended and are attending these nurseries have shown that, at an early age, they can mix well and learn from other children. It is too soon to know whether they could be integrated with normal children but the findings of the past five years indicate that this may be the outlook for the future.

The parents of these children are invited to attend the nursery as often as they can to see their children in the company of others and away from the atmosphere of hospital and treatment. This is not easy to achieve since

parents have many commitments, but with invitations to film shows they make great endeavours to attend. In this way many fears and suspicions are overcome and the mother gets new ideas to take into the home. Inactivity imposed upon a handicapped child lest it comes to harm in the home must be overcome. If advice is given to make a home free of accident risk, then all the children within it should be offered freedom to play and learn. The field work for handicapped children offers a wide scope for welfare workers.

MENTAL HEALTH SERVICES

By G. E. B. WHILLOCK, Administrative Officer.

“ *Do not think of all your anxieties ; you will only make yourself ill.*”—Shih King.

Staff engaged in the Mental Health Service.—The general administrative arrangements have followed the pattern of preceding years. An additional qualified Psychiatric Social Worker has been appointed but there are no other alterations in designation and qualifications of the medical staff and field workers. The staffs of the occupation centres show no change from last year.

Lunacy and Mental Treatment Acts.—During the latter half of the year some of the reforms forecast in the 1958 Report were brought into being, in anticipation of the coming into force of the new Mental Health Act. One of the most important innovations has been the informal admission of patients. The aim here is to remove all possible distinction between the hospital treatment of the mentally ill and of those suffering from other forms of disease. It is now possible for patients to present themselves at a hospital for the mentally ill and be admitted at the Superintendent’s discretion without any formalities. The procedure for discharge is equally simple. As patients are frequently discharged after a very short stay in hospital, the hospital authorities refer those who are agreeable to such a course being taken, to the Local Health Authority for after-care. There remain, and are likely to remain, cases of special difficulty where the assistance of mental welfare officers in arranging admission is necessary. Even these cases, in the main, after a few days in an observation ward, elect to remain for further treatment as informal or voluntary patients, although “ voluntary patient ” as a descriptive term is rapidly becoming obsolete.

Patients dealt with in 1959 :—

Admitted to Middlewood Hospital	..	..	..	..	..	543
Referred to Psychiatric clinics	..	..	..	..	..	37
Referred to Practitioners or other welfare services	..	..	..	..	..	225
Total cases referred to Duly Authorised Officers	..	..	..	..	..	805

Cases admitted to Middlewood Hospital were dealt with as follows :—

Certified	..	..	..	..	..	..	..	..	15
Temporary	..	..	..	..	..	..	..	..	—
Voluntary admissions	..	..	..	..	..	..	..	..	368
Voluntary admissions (direct by D.A.O.’s)	..	..	..	..	..	..	..	..	55
Informal admissions	..	..	..	..	..	..	..	..	97
Discharged as not in need of mental treatment	..	..	..	..	..	..	..	..	8
									543

Points of interest emerging from these figures are that less than 3 per cent. of the total admissions were certified, only 1·5 per cent. were discharged as not in need of mental treatment, and 55 voluntary patients were admitted as such directly by the Duly Authorised Officers.

It is rather surprising that the number of cases reported during the year is very little lower than in previous years. When informal admissions were commenced in the autumn of 1959, it was thought that there would be a steady reduction in the number of cases reported to the Local Authority, but this was not so. The Local Health Authority is not now informed of the admission and discharge of informal patients. This causes a certain amount of confusion in the Mental Health Service and does not help to build up that liaison with the hospital that is so desirable.

Full use is being made of ancillary services. Cases are referred to the various psychiatric clinics in the City and, to a growing extent, the advice of Consultant Psychiatrists has been sought before action has been taken in cases which present special difficulty. The co-operation with the Care and After-care Service continues and Dr. Parker has been available for consultation. Fir Vale Hospital has continued to help with cases where physical illness has been the predominant feature.

There has been little, if any, improvement in the bed situation as it affects patients suffering from mental illness. Delay in admitting urgent cases that have been reported to the Duly Authorised Officers has occurred from time to time. It may be that non-urgent cases are informally admitted, while cases urgent enough to be reported to the Local Authority are held in abeyance.

*Age Groups of patients admitted to Observation Wards at Middlewood
Hospital in 1959*

<i>Sex</i>	<i>0-14 yrs.</i>	<i>15-24 yrs.</i>	<i>25-34 yrs.</i>	<i>35-44 yrs.</i>	<i>45-54 yrs.</i>	<i>55-64 yrs.</i>	<i>65+ yrs.</i>	<i>All ages</i>
Males ..	—	24	41	35	35	31	23	189
Females ..	—	22	45	56	52	63	61	299
TOTALS ..	—	46	86	91	87	94	84	488

There is an increase of 21 per cent. in the number of patients admitted under 35 years of age and the preponderance of female over male patients has increased slightly. The arrangements by which the Duly Authorised Officers provide a 24-hour daily service continue. Of the 554 patients

admitted during the year, 198 were dealt with out of normal office hours. This represents 36·4 per cent. of the total admissions and is slightly less than last year, when 39 per cent. of the patients were so admitted.

It may be of interest to note that in addition to the 198 urgent admissions, there were in all 242 cases reported, outside office hours, involving 1,051 enquiries and 640 visits.

Mental Deficiency Acts, 1913-1938.—The number of patients awaiting admission to mental deficiency hospitals is less than at this time last year, being 60 against 81. Of these, 12 are urgent cases, 10 being children under 16 years of age. The great difficulty of obtaining permanent accommodation for juvenile patients causes much distress to the parents. The admission of patients over 16 years of age was much easier at the beginning of the year than it has been for some years past, but during the latter months it became very difficult indeed to obtain accommodation. It is heartening to learn that the Regional Hospital Board is in the process of providing additional permanent accommodation. The few vacancies that became available at Dronfield Hospital when it was opened in 1958, were immediately filled and those same patients are still in hospital, so that the relief afforded was only temporary. Several of the young children awaiting admission are both mentally and physically handicapped and in all these cases, wherever possible, relief is given to the mother by arranging for the children to attend our special kindergarten centre at Cradock Road. Further help in these vexed problem cases will become available when the Park Centre is completed as it will have, as an integral part, a short-stay home to accept young children for temporary accommodation.

Until 1957 certification was always necessary before patients could be admitted to mental deficiency hospitals for long term care. In 1958 out of 42 admissions, 13 only were certified and in 1959 out of 35 cases admitted, 27 were informal, three were certified and five were sent direct to hospital from Court following police intervention. Facilities for temporary accommodation provided by the provisions of Circular 5/52 were again used to the full. During the year 21 cases were admitted against 19 last year.

Two-thirds of the 650 Sheffield cases resident in institutions, originally under Detention Orders, have been discharged from these Orders and readmitted informally. The balance will be kept under review until the new Mental Health Act comes into force, when all cases still under Detention Orders will be reclassified according to the provisions of the Act.

During 1959 a total of 66 cases was referred to the Department ; 61 by the Education Committee and the balance by doctors and social workers. Thirty had been medically examined by the end of the year and all were ascertained as defectives. Six of the ascertained patients were admitted to hospital as long term patients and the remainder were placed under Statutory Supervision ; six obtained full-time employment and 15 were admitted to occupation centres.

Pitsmoor Road Occupation Centre.—There were 127 on the register at the end of the year, of whom 74 were senior girls, the balance being composed of juniors of both sexes under the age of 16 years. The centre was fully occupied throughout the year and care had to be taken against overcrowding, because accommodation does not equal the demand.

The output of the laundry is slightly higher than in the previous year, 31,681 articles being laundered against 31,300 in 1958. Of these, 3,996 were for aged, infirm persons, this figure being 726 more than last year. This again included work for all centres for the mentally handicapped, Swinton Street centre for the physically handicapped, and for two day nurseries. The making of maternity gowns for the Maternity and Child Welfare Section has continued, but at a reduced rate. The centre deals with its own sewing and mending as well as meeting similar needs for “ The Towers.”

Four motor-coach trips were arranged ; two of these were for the older patients and were to the coast, and two were shorter, inland journeys for the younger children, some of whom cannot travel well.

An Assistant Supervisor was seconded to attend the Course of Instruction for Occupation Centre Supervisors, which is organised by the National Association for Mental Health.

The Christmas party again gave pleasure to the patients and the many relatives and friends who attended. The Christmas gifts which were chosen to suit individuals were appreciated.

During the year there were 15 admissions and eight discharges. Five boys were transferred to “ The Towers ” on reaching the appropriate age and two patients were admitted to hospital for prolonged care. The daily average attendance was 68. Attendance figures were adversely affected by the transport strike which lasted more than two weeks. It was mentioned in the last report that arrangements were in hand for patients attending our centres to be vaccinated against poliomyelitis. This was done and 58 patients at Pitsmoor Road and 39 attending “ The Towers ” received protection.

“ The Towers ” Occupation Centre.—This non-residential centre is for male defectives over the age of 12 years ; the main object is to train these youths in the hope that they may be able to enter gainful employment at some time in the future. The number on the register at the end of the year was 94 and the average daily attendance 68. It should be noted that attendance is not compulsory. There were 23 new entrants, including five junior boys transferred from Pitsmoor Road. This is four less than in 1958. There were during the year 18 discharges—five more than last year. Of these two went into full-time employment, two entered hospital as long term cases, two died and twelve left for other reasons.

A number of trainees are found permanent work out of doors, and the grounds are now beginning to show what they will look like in their final state. The verges at the sides of the drive are now ready to put down to grass and receive bedding out plants and the like. Considerable progress has been made in the construction of a greenhouse of useful size. This is being built from raw materials entirely by the trainees to plans kindly prepared by the Parks Department. The basic brickwork was in place before the good weather of last Summer broke, and the woodwork has been prefabricated in the woodwork shop during the Winter, ready for assembling in the Spring of 1959. It is hoped to use this for bedding out and other plants for sale, and to give selected trainees horticultural experience.

The metal shop has continued to produce standard articles, quality and quantity having been maintained. The handicraft shops have been working to capacity and new designs of baskets have proved very popular, orders again outstripping production. Wool rugs are still made to order.

Co-operation with the welfare services for other handicapped persons has developed well during the year. One noticeable example is the manufacture and sale of wire coat hangers ; many hundred gross of these articles have been produced for commercial laundries, and they are despatched in quantity to laundries far distant from Sheffield. In 1958 the total sales at this centre amounted to £829. In 1959 the figure was £1,228 and much of the increase of £400 has accrued from the sale of these articles. One important feature is that the processes of manufacture can be adjusted to meet the varying capabilities of the boys.

Chain link fencing is now being manufactured for the Estates Department and it is hoped to interest other sections of the Corporation in this product.

The annual camping holiday at Marske-on-Sea took place in July. Sixty-five trainees were accommodated for one week. This holiday was an unqualified success and much appreciated.

An "Open Day" was held on the 30th September and was attended by over 300 relatives and interested friends. This was easily the largest gathering that has attended these functions. The proceeds of the sale for the day amounted to £43 17s. 8d. and a large number of orders were taken.

Kindergarten Centres

Langsett Road.—There were 24 children under the age of 12 years on the register at the end of the year. Two of these are "spastic," two are blind and one cannot speak. Attendance has been uniformly good, interrupted a little by minor ill-health, school holidays and the transport strike. Routine training has continued satisfactorily, but there is now more emphasis on physical training. Mothers were invited to the Christmas party and all attended. The children had been trained to present two simple plays introducing the spirit of Christmas, and the mothers were delighted to see their children able to take active parts.

Repairs and maintenance have been kept to a minimum because the rearrangements which should follow the opening of the Park Centre will probably make this centre redundant. All essential work, however, has been carried out.

Cradock Road.—This centre is for defectives suffering from additional severe physical handicaps. These disabilities make it necessary to provide transport between the centre and the homes of the children. There were 33 children on the register at the end of the year and during the year there were nine admissions and two deaths. Of the nine admissions, four were ambulant, four partially ambulant, and one non-ambulant. Among the new entrants is a girl totally blind, who was attending Pitsmoor Road. She was transferred because Cradock Road has no staircase. The Matron reports a noticeable improvement in nine of the children. Liaison with the Children's Hospital is developing satisfactorily.

An experimental walking appliance was nearing completion by the end of the year. In principle the child is carried in a spring loaded harness, suspended from an overhead rail about twenty feet long, the child's feet reaching the floor, but the weight being taken by the spring.

The centre has been completely redecorated internally. Psychiatrists, students and nurses have visited the centre during the year. The Christmas party was quite a happy one, and the parents of the children were pleased to join.

It has been possible to put into use a second personnel carrier, so that the travelling time spent by the children has been halved.

New Development—The Park Occupation Centre.—Plans for this centre have been completed and at the end of the year final details were being discussed with the Ministry of Health. The opportunity has been taken to include features which will assist the Authority to discharge functions imposed by the new legislation. Integral parts of the new establishment are a junior training centre including a short-stay home for eight children, and a senior centre for men. Provision has been made for 40 physically and mentally handicapped children and 85 others of junior age. The adult centre, which will accommodate 25 men, and the short-stay home are separate units adjacent to the main building. The children attending the two existing kindergarten centres will be absorbed. There will be transfers from “The Towers” and Pitsmoor Road ; this rearrangement will provide a number of additional places for adults of both sexes. The short-stay home will receive children who need temporary, residential care because of domestic difficulty. The duration of the stay will be limited.

Mental Care and After-care.—The trends suggested in last year’s report have become more pronounced as new legislation has come gradually into operation. Cases reported as being in need of after-care following discharge have increased to 50 per cent. of the admissions during the year from 38 per cent. in 1958. To these must be added those already known to the Service. Domiciliary visits rose by 223 from 1,122 in 1958 to 1,345 in 1959. During the year 3,364 enquiries were made at the office by patients and their friends in need of advice and help.

The general structure of the Service for the future appears to have two main factors :—(i) Community care for pre-admission and post-discharge patients, and (ii) the provision of residential care for mentally ill patients who are not sufficiently ill to need full hospitalisation, and who have not satisfactory homes.

In order to deal with community care it is proposed to divide the City into a convenient number of areas and to staff each area with its own complement of welfare workers. The duties of these officers will be more diverse than they are at present, but will include dealing with cases of special difficulty in co-operation with the appropriate doctor. Psychiatric social workers remain in very short supply, but it was possible to appoint an additional one to the staff in 1959.

The provision of residential accommodation for Care and After-care cases will probably be a gradual process, accelerating as the demand becomes more positive. It was possible to give preliminary attention to

the provision of one hostel to receive male patients discharged from Middlewood Hospital. In consequence of a reduction in the number of resident Queen's Nurses, it was thought advisable to move the small residue of nurses from Princess Mary Home to the Johnson Memorial Home. Advantage was taken of the situation to alter the functions of Princess Mary Home and to adapt it for use as a Mental Health Hostel. It is intended to give residential accommodation for 12 to 15 selected male patients from Middlewood or other hospitals, who are likely, by training and social rehabilitation, to take their place in the community. They include those who have no suitable home immediately available after leaving hospital but are likely to become independent within a short period. The stay in the Hostel will be for a strictly limited time. In this way it is hoped to establish a " half-way " home between the hospital and social stability.

In future workers in the mental health field will have wider horizons than they have ever enjoyed. They should provide an indispensable link between home, hospital or hostel and the community. They will have ready to hand all the co-ordinated welfare services that are so rapidly taking shape within the ambit of the Local Authorities.

Psychiatric Social Work.—Below is a summary of case work carried out by the Psychiatric Social Worker and her assistants :—

	1958	1959
New and re-opened cases	280	257
Interviews with patients and relatives at home	1,851	1,624
Interviews with patients and relatives in the office ..	488	396
Other interviews (doctors, social workers, etc.).. ..	717	666

The decrease in the volume of the work is accounted for by the fact that from the beginning of the year until August, the Psychiatric Social Worker was single handed but for one welfare worker. A second Psychiatric Social Worker joined the staff at the beginning of August. The average monthly number of cases dealt with during the year was 133 against 127 in 1958.

Cases have come from various sources, but doctors have been responsible for referring the most, viz., 163. Patients, relatives and friends have referred 59, the remaining 35 being brought to our attention by other social workers, the Police, the Forces, Probation Officers, National Assistance Board, etc.

Dr. Esher, Consultant Psychiatrist, has continued to attend the Department regularly and 108 clinic sessions were held. New patients, including mental defectives, numbered 40 ; total attendances were 424, 107 of these being made by mental defectives. The necessary clerical help has been provided by the Department and also the services of a Psychiatric Social Worker, when required.

In August, 1959 a new Psychiatric Clinic was established in Town Hall Chambers. This has been held each Friday afternoon. Dr. Whyte of Middlewood Hospital is in charge and he is assisted by mental health workers from Middlewood Hospital. As a rule about fifteen patients attend each week. Several of these have recently left hospital, but others feel they need regular consultations to help them maintain their progress. This clinic is of considerable use to the Duly Authorised Officers who are now able to refer their own cases to the Psychiatrist and to receive the benefit of his advice. The opportunity of working closely with the Psychiatrist on cases they themselves know well, is proving to be of considerable educational value. Our Psychiatric Social Workers are also available at all times. The clerical and administrative work is undertaken by the administrative staff of the Mental Health Service.

GENERAL PUBLIC HEALTH INSPECTION

“ I will go and wander up and down to view the city.”

—William Shakespeare (The Comedy of Errors)

This section of the report deals with the work of the Public Health Inspectors and gives some idea of the complexity of the duties they are called upon to perform.

The following are the main Acts and Regulations that govern the work :—

Agriculture (Safety, Health and Welfare Provisions) Act, 1956.

Diseases of Animals Act, 1950.

Factories Acts, 1937-1959.

Food and Drugs Act, 1955.

Food Hygiene Regulations, 1955.

Housing Acts, 1925-1957.

Housing (Financial Provisions) Act, 1958.

House Purchase and Housing Act, 1959.

Milk and Dairies Regulations.

Pet Animals Act, 1951.

Prevention of Damage by Pests Act, 1949.

Public Health Act, 1936.

Rag Flock and Other Filling Materials Act, 1951.

Rent Act, 1957.

Rent Restrictions Acts, 1920-1939.

Sheffield Corporation Acts, 1918, 1928 and 1937.

Shops Act, 1950.

Water Acts, 1945 and 1948.

Local Byelaws.

The work of the Public Health Inspector has changed somewhat in character. Whereas in the past he spent a large amount of his time dealing with defects on old sub-standard properties, his duties are now directed more to matters of hygiene, health education, and to the improvement and conversion of the more substantial older type houses.

The shortage of qualified staff still restricts the scope of the work of the Department but fortunately the training scheme for public health inspectors is now bearing fruit.

Summary of Complaints, Enquiries, Correspondence, etc.—In the statement below are given, in brief summarised form, particulars of the daily correspondence, etc., passed to the Section for attention by the staff of Public Health Inspectors.

<i>Daily Portfolio—</i>							1958	1959
Complaints and enquiries in person .. .. .	..	..	..	..	..	..	5,485	4,297
Complaints and enquiries by telephone .. .. .	..	..	..	..	..	..	3,985	4,025
Correspondence, including Ministry, Inter-departmental and General .. .. .	..	..	..	..	..	..	15,344	15,794
TOTALS							24,814	24,116
<i>Types of Complaint—</i>								
Drainage defects .. .. .	..	..	..	..	..	..	1,369	1,521
Paving defects .. .. .	..	..	..	..	..	..	115	165
Housing defects .. .. .	..	..	..	..	..	..	6,144	4,662
Watercloset defects .. .. .	..	..	..	..	..	..	934	1,125
Verminous houses .. .. .	..	..	..	..	..	..	325	584
Requests for Inspector to call .. .. .	..	..	..	..	..	..	1,152	1,381
Overcrowding Cases and requests for Priority Re-Housing..							884	927
Town Clerk's Department—Property Enquiries							6,294	7,485
Rent Act, 1957, and Housing Repairs and Rents Act, 1954—								
Applications for Certificates of Disrepair							1,091	278
Undertakings received from Landlords							874	194
Applications for cancellation of Certificates							160	94
* Miscellaneous .. .. .	..	..	..	..	..	..	4,477	5,920

* Includes correspondence from Property Owners, Agents, Builders, etc., and applications for Licences for sale of Milk, Ice Cream, Pet Animals, etc.

Sanitary Accommodation.—During the year, two privies were abolished and one pail closet was converted into a pedestal watercloset. There were eight additional waterclosets provided in connection with premises where it was necessary to bring the number of closets up to the standard for Sheffield which is one closet for each house.

Rehousing of Priority Cases.—During the year 707 applications were received for priority rehousing on medical grounds. These came from hospitals, doctors, church organizations, social workers, and private individuals—some were from other Corporation Departments including the Housing Department and some from Members of the Council and M.P.s. These cases involved actual and alleged overcrowding, unsatisfactory housing conditions, infirmity, old age and various medical disabilities such as nervous and mental disorders, respiratory infections, rheumatism, cancer, blindness, heart disease, limb amputations, epilepsy, poliomyelitis and post-operative complications.

Applications were considerably in excess of those received in previous years. Many cases were found to be very deserving. It is often difficult to come to an equitable decision and it was only possible to recommend the most serious, a total of 89, which were referred to the Housing Committee

for their consideration. All cases were, in the first instance, investigated by a Public Health Inspector and those referred to the Housing Committee were visited by the Medical Officer of Health and a Superintendent Public Health Inspector.

Houses Let-in-Lodgings.—The houses let-in-lodgings pose quite a problem in Sheffield. There are probably in the region of 300 of these houses in the City being mainly large Victorian family houses in built-up areas which have become unfashionable, difficult to maintain and unwanted as single, private residences.

Since the Byelaws with regard to Houses let-in-lodgings were repealed by the Housing Repairs and Rents Act, 1954, accurate records of these houses are not possible but it is felt that, due to immigration and the continued housing shortage in the City, the number is steadily increasing.

Section 36 of the Housing Act, 1957 which gives powers to local authorities to require execution of works or reduction of occupants in such houses, also enables the landlord to gain possession of part or all of the house if he appeals to County Court on the grounds that it is necessary for him to have possession to comply with a local authority's notice under Section 36. For this reason, whilst the housing shortage continues, it is difficult to require better standards in this type of house.

Common Lodging Houses.—There are still three lodging houses in the City, all catering for male lodgers. About 230 men find accommodation at the hostel, West Bar, while two smaller lodging houses at Attercliffe and Brook Hill accommodate 15 and 18 respectively.

Visits were made by Inspectors during the year, particularly with regard to hygiene and vermin. Although the number of lodging houses has been considerably reduced over the years, it seems that there will always be some need for this type of accommodation.

Factories.—The following table gives particulars which are required by Section 128(3) of the Factories Act, 1937, an analysis of the defects which were found, and the action taken.

TABLE XVII.—Inspections under the Factories Acts, 1937-1959

1. Inspections for purposes of provisions as to health.

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Number of</i>		
		<i>Inspections</i> (3)	<i>Written Notices</i> (4)	<i>Occupiers Prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	214	42	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,813	645	107	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	37	19	1	—
TOTALS	3,064	706	115	—

2. Cases in which defects were found.

Particulars (1)	Number of cases in which defects were				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	9	5	—	5	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	—	—	1	—
Inadequate ventilation (S.4) ..	—	—	1	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient	12	4	—	3	—
(b) Unsuitable or defective ..	98	92	—	56	—
(c) Not separate for sexes ..	9	3	—	—	—
Other offences under the Act (not including offences relating to outwork	—	2	—	1	—
TOTALS	129	116	1	66	—

During the year, no outworkers were notified under Part VIII of the Act, which relates to certain work carried out at home by outworkers.

Shops Act, 1950—Section 38.—As a result of action taken under this Section during the year, a total of 12 premises were dealt with in respect of facilities for sanitary accommodation, for ventilation and for taking meals. In each of the above cases the owners of the premises took the necessary remedial measures.

FOOD AND DRUGS ACT, 1955 and FOOD HYGIENE REGULATIONS, 1955

Food Preparation or Manufacture.—During the year there were three new applications received for the registration of premises under this heading, and registration was granted in each case. Two premises ceased to be used for the purpose for which they had been registered. At the end of 1959 there were 239 premises which had been registered under this heading.

Despite the shortage of staff, visits were maintained to food premises and improvements in conditions and cleanliness were achieved so as to comply with the Food Hygiene Regulations.

Ice Cream—Sale, Manufacture, Etc.—During the year 114 premises were registered for the sale only of ice cream and one premises was registered for the manufacture for sale or sale of ice cream. 31 premises ceased to be used for the purpose for which they had been registered, *viz.*, seven for manufacture and sale, seven for manufacture only and seventeen for the sale only or storage of ice cream. At the end of 1959 there was a total of 33 premises registered for the manufacture or sale of ice cream and 1,856 premises registered for the sale only or storage of ice cream.

The Food and Drugs Act, 1955

The Milk and Dairies (General) Regulations, 1959

At 31st December, 1959, the total numbers on the Register were as follows :—

Milk Distributors residing inside the City	897
Dairy Premises	70
Milk Distributors residing outside the City	33

During the year the following changes were recorded :—

Milk Distributors residing inside the City, new registrations	126
Milk Distributors residing inside the City who have ceased business and have been removed from the Register	123
Milk Distributors residing outside the City—new registrations	—
Milk Distributors residing outside the City who have ceased business and have been removed from the Register	—
Dairy Premises—new registrations	1
Dairy Premises removed from the Register	3

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-1953

The Milk (Special Designation) (Raw Milk) Regulations, 1949-1954

At 31st December, 1959, the following licences had been granted for the year :—

Dealers Pasteurisers' Licences	5
Dealers Sterilisers' Licence	1
Licences to use the Special Designation " Pasteurised "	534

Licences to use the Special Designation “ Sterilised ”	..	..	..	839
Licences to use the Special Designation “ Tuberculin Tested ”	..	..		279
Supplementary Licences to use the Special Designation “ Pasteurised ”	..			47
Supplementary Licences to use the Special Designation “ Sterilised ”	..			4
Supplementary Licences to use the Special Designation “ Tuberculin Tested ”	..	..	..	46

Fish Friers' Premises.—At the end of the year there were 390 premises in the City. During the year there were two new applications for registration and after investigation registration was granted in each case. Five premises ceased to be used for Fish Frying.

Offensive Trades.—There are 28 premises in the City used for the purpose of offensive trades.

The following is a list of the number of premises used for the various offensive trades :—

Tripe Boiling	..	..	..	..	..	..	..	..	..	9
Rag Collector and Sorter	..	..	..	..	..	..	..	..	..	9
Fat Melting	..	..	..	..	..	..	..	..	..	3
Rag Washing	..	..	..	..	..	..	..	..	..	2
Fat and Bone Collector	..	..	..	..	..	..	..	..	..	1
Blood Boiler	..	..	..	..	..	..	..	..	..	1
Gut Scraper	..	..	..	..	..	..	..	..	..	1
Bone Boiler	..	..	..	..	..	..	..	..	..	1
Rabbit Skin Dealer	..	..	..	..	..	..	..	..	..	1

Rag Flock and Other Filling Materials Act, 1951.—The purpose of this Act is to secure the use of clean filling materials in upholstery, bedding, toys, etc., by imposing controls at the following stages: (i) the manufacture of the filling material; (ii) its storage; (iii) its sale; (iv) its use for filling upholstery, etc., and (v) the sale of the completed article.

At the end of the year, there were 13 premises registered under Section 2, for the use of filling materials specified in the Act, but no licences have been issued in respect of premises for the manufacture or storage of rag flock.

Pet Animals Act, 1951.—This Act provides for a system of licensing and inspection by local authorities of pet shops.

During the year, 28 licences were granted and five premises ceased business as pet shops.

Canal Boats.—Canal transport still continues as a means of bringing goods to the City and conveying return loads to other parts of the country and for export. No canal boats were registered in the City during the year.

The Canal Boats Inspectors made 66 inspections of boats during the year to ensure compliance with the Public Health Act, 1936, and the Canal Boats Regulations. There were altogether 112 persons living on board the boats at the time of the inspections, there being one child under the age of five years and 111 persons over the age of fifteen years, of whom 109 were males and 2 females. The average number of occupants per boat was 1·7.

26 infringements were found relating to 15 inspections of boats. All necessary measures were taken in regard to these infringements and it was not necessary to institute any legal proceedings during the year.

There were no cases of infectious disease upon any of the canal boats in the City and it was not necessary to detain any boats for cleansing or disinfection.

Infectious Disease—Investigation and Disinfection.—Visits made by the Public Health Inspectors are mainly concerned with dysentery and food poisoning cases ; these numbered 1,285 as compared with 5,054 in 1958.

Houses disinfected by the staff of the Disinfecting Station numbered 1,824 as compared with 1,882 in 1958.

Beds and bedding, patients' clothing and any articles in contact with the patient are taken away to the Station for disinfection by steam. These totals include cases of tuberculosis dealt with by the Care and After Care Section of the Department.

Other visits for infectious diseases are made by the Health Visitors.

Treatment of Scabies.—Treatment is provided in premises at the Disinfecting Station and, when a case is brought to the notice of the Department, every effort is made to induce all the members of the family to undergo treatment.

	1958	1959
Adults who attended for treatment either as patients or contacts	59	33
Children	89	84

Whilst treatment is being given, all personal clothing is disinfected by steam, and beds and bedding are collected from the homes and steam disinfected. This was done in the case of 30 families during 1959.

After treatment, all cases are followed up by visits to the home by the Health Visitors.

Cleansing of Verminous Persons.—A special disinfesting bath and cleansing treatment is given in all cases for the eradication of vermin, the personal clothing and bedding being also disinfested.

The following statement gives the number of persons who attended at the Disinfesting Station during the past five years :—

1955	..	..	..	..	..	..	..	..	63
1956	..	..	..	..	..	..	..	..	62
1957	..	..	..	..	..	..	..	..	33
1958	..	..	..	..	..	..	..	..	41
1959	..	..	..	..	..	..	..	..	27

Disinfestation.—This service provides for the eradication of insect pests, viz :—bugs, fleas, cockroaches, beetles, crickets, silver fish, steam flies and other insects. The number of premises treated during the past two years is as follows :—

<i>Premises</i>	1958	1959
Corporation houses	78	114
Other Corporation premises, including schools, etc.	17	31
Private houses.. .. .	131	210
Miscellaneous premises (shops, warehouses, works canteens, hospitals, etc.)	45	37
TOTALS ..	271	392

Tenancy transfers and re-housing—Houses inspected for vermin on behalf of the Housing Department :—

<i>Corporation and Private houses inside the City—</i>	1958	1959
Houses inspected by Public Health Inspectors	3,702	4,267
Houses found to be verminous and sprayed with D.D.T. ..	181	242
Corporation houses sprayed with D.D.T. prior to tenant moving in	139	247
<i>Corporation houses only outside the City—</i>		
Houses inspected by Public Health Inspectors	152	177
Houses found to be verminous	Nil	Nil

Home Bathing Cases.—A number of elderly men and women are regularly bathed at home in response to requests by Health Visitors, Home Nursing and Care and After-Care Sections.

	1958	1959
Total number of cases bathed	167	73

Testing of Drainage Systems.—Smoke and Colour tests are applied to drainage systems suspected of being defective, and where drains are found to be defective the Public Health Inspector supervises the work of repair or reconstruction.

Water tests are applied to ascertain that drains which have been relaid are satisfactory; details of the various tests are given in the summary of work done for the year at the end of this Report.

The cleansing of certain public sewers is undertaken by the Public Health Department. In addition, the cleansing of private drains is undertaken in default of the owner and in this case a charge is made.

During the year 218 drains were cleansed in default affecting 578 houses; also 288 drains were cleansed by the owners, these affected 740 houses.

Erection of Dwelling-Houses.—The City Engineer has furnished information relating to the building of dwelling-houses in the City.

During the year, 1,262 new dwelling-houses were erected, and 848 additional housing units were provided by the conversion of existing buildings into flats, or by new flats. 104 dwelling-houses or flats were erected on Corporation Estates outside the City boundary.

The approximate total number of houses on the Rate Books at 31st December, 1959 was 162,760.

Improvement Grants.—Applications for Improvement Grants continue to be received and are again mainly from owner-occupiers. They are usually for the provision of internal sanitation, a bathroom and hot water supplies.

Since the coming into force of the Housing Repairs and Rents Act, 1954, and more recently the Housing (Financial Provisions) Act, 1958 and the House Purchase and Housing Act, 1959, 2,069 enquiries with regard to grants have been received ; 457 applications have been approved ; 1,612 have not yet been proceeded with, and in 297 cases the work of improvement has been carried out.

Deposited Plans.—3,431 plans were inspected during the year for the purpose of ensuring compliance of the proposed premises with the relevant legislation, such premises being factories, shops, food manufacturing premises, etc.

Diseases of Animals Acts (Non-Veterinary Functions).—The non-veterinary functions required by the Diseases of Animals Acts, Orders and Regulations are administered by the Local Authority and the Public Health Inspectors authorised for these duties made 754 visits during the year 1959. Information is given below under the main headings of this work :—

Regulation of Movement of Swine Orders.—These Orders require that all swine which are exposed for sale at markets are subject to detention and isolation for a period of twenty-eight days after leaving the market. Licences

to move the swine are issued by the authorised officers at the Corporation Abattoir and at the Wadsley Bridge Live Stock Market. All premises to which swine are moved under licence are visited to ensure compliance with the provisions of the Regulations.

Transit of Animals Orders.—The cleansing and disinfecting of road vehicles used for the transporting of animals to the Corporation Abattoir is undertaken by the Corporation at a small charge to cover expenses, and facilities for such cleansing and disinfection are provided by the Corporation at the Wadsley Bridge Live Stock Market, for the use of which a small charge is also made. 2,252 vehicles were cleansed and disinfected at the abattoir, and 196 at Wadsley Bridge Live Stock Market during 1959.

Swine Fever.—There were 3 cases of Swine Fever or suspected Swine Fever, reported to the Ministry of Agriculture, Fisheries and Food during the year including two cases at the abattoir. None of these cases was confirmed.

Tuberculosis Order, 1938.—Four cattle were slaughtered in the isolation block at the abattoir under the provisions of this Order.

Anthrax Order, 1938.—Three cases of suspected anthrax were reported to the Ministry of Agriculture, Fisheries and Food from the abattoir. None was confirmed.

Foot and Mouth Disease.—There were no outbreaks of foot and mouth disease at the abattoir during 1959, and Sheffield was not involved in any Foot and Mouth Disease Infected Area or Controlled Area Restrictions.

Fowl Pest.—As a result of a sale of poultry in Derbyshire during November at which poultry were sold, and some of which later developed fowl pest, outbreaks of the disease occurred in the Sheffield area. Sheffield with other areas in Derbyshire, Nottinghamshire and the West Riding of Yorkshire was included in the Fowl Pest (North Midlands Infected Area) Order, 1959, and this Order was subsequently amended to include parts of Lincolnshire.

Five places within the Sheffield area were declared by the Ministry of Agriculture, Fisheries and Food to be infected places. The poultry thereon, and on one other place in close contact with an infected place, totalling about 860 birds, were slaughtered by the Veterinary Officers of the Ministry ; the carcasses were disposed of by burning at the Penistone Road destructor under the supervision of a Public Health Inspector. The disinfection of the premises and vehicles used was also done under supervision.

During the period the Orders were operative, licences for the movement of poultry for slaughter were issued by Public Health Inspectors both at Town Hall Chambers and at Sheffield Corporation Abattoir, and visits were made to premises involved to ensure compliance with the terms of the licences.

The Fowl Pest (North East Midlands Infected Area) (Revocation) Order, 1960 withdrew the Restrictions previously imposed as from 11th February, 1960.

Warble Fly.—In accordance with the request of the Ministry of Agriculture, Fisheries and Food and of the Warble Fly (Dressing of Cattle) Order, 1948, 108 farms within the City boundary were visited and 1,672 cattle inspected for evidence of infestation by the maggot of the warble fly.

Evidence of infestation was found in 20 cattle, involving five farms and instructions were given to the farmers in each case on the treatment recommended by the Ministry. Further visits to the farms showed that the farmers had carried out the necessary dressings as required by the Order.

The Diseases of Animals (Waste Foods) Order, 1957.—Under this Order all substantial collectors of waste foods (other than Local Authorities) must obtain a licence requiring them to use an approved boiling plant. Seven licences were issued during the year and at 31st December, 1959, there were 74 licence-holders in the City.

Caravans.—The control of caravans and caravan sites is the joint responsibility of the Public Health Department and the City Engineer's Department under the provisions of the Sheffield Corporation Act, 1928, and the Town Planning Acts respectively.

Applications and enquiries are received for the siting of residential caravans within the City but such applications are not usually favourably considered.

During March, 1959 the Town Clerk instituted proceedings for trespass against the occupiers of three residential caravans at a site in Rivelin Valley, and damages were awarded against each of the occupiers. As a result of these proceedings the caravans were ultimately removed. During October one of the occupiers returned but did not stay long, and the site is again clear of caravans.

Summary of Visits, Etc., of Public Health Inspectors.—In the table below are given, in summarised form, particulars of the visits and general work of the staff of Public Health Inspectors during the years 1958 and 1959 :—

TABLE XVIII.—Summary of Work done by the Public Health Inspectors during the years 1958 and 1959

1. NUISANCES						1958	1959
(a) Dwelling-houses (not Condemned)							
No. found affected	..	..	..	..	..	9,388	9,973
No. of Initial Visits	..	..	..	..	..	7,371	8,124
No. of Re-inspections	..	..	..	..	..	14,491	13,954
No. where Abated	..	..	..	..	..	7,066	7,568
(b) Dwellinghouses (Condemned)							
No. found affected	..	..	..	..	..	842	922
No. of Initial Visits	..	..	..	..	..	695	790
No. of Re-inspections	..	..	..	..	..	1,201	1,195
No. where Abated	..	..	..	..	..	619	585
(c) Other Premises							
No. found affected	..	..	..	..	..	185	171
No. of Initial Visits	..	..	..	..	..	206	203
No. of Re-inspections	..	..	..	..	..	266	258
No. where Abated	..	..	..	..	..	82	93
(d) Notices Served							
Statutory	..	..	..	..	..	2,447	1,996
Informal	..	..	..	..	..	4,963	4,514
2. NO. OF INTERVIEWS WITH OWNERS OR REPRESENTATIVES						..	
						1,543	1,779
3. DRAINAGE AND BUILDING WORK							
(a) No. of Inspections	..	..	..	..	..	4,693	5,641
(b) No. of Smoke Tests applied	..	..	..	..	..	340	383
(c) No. of Water Tests applied	..	..	..	..	..	378	357
(d) No. of Colour Tests applied	..	..	..	..	..	1,008	1,320
4. HOUSING							
(a) No. of Initial Inspections	..	..	..	..	..	78	196
(b) No. of Additional Inspections	..	..	..	..	..	1,601	943
(c) Visits <i>re</i> Improvement Grants	..	..	..	..	..	695	1,410
(d) Visits <i>re</i> Overcrowding	..	..	..	..	..	383	323
(e) New cases of Overcrowding found	..	..	..	..	..	37	30
(f) Visits <i>re</i> Certificates of Disrepair	..	..	..	..	..	2,057	576
5. FOOD PREMISES							
(a) Visits to Dairies	..	..	..	..	..	36	39
(b) Visits to Milk Distributors	..	..	..	..	..	450	455
(c) Visits to Ice Cream Manufacturers	..	..	..	..	..	96	70
(d) Visits to Ice Cream Retailers	..	..	..	..	..	159	206
(e) Visits to Fried Fish Shops	..	..	..	..	..	58	41
(f) Visits to Bakehouses	..	..	..	..	..	99	111
(g) Visits to Other Food Preparation Premises	..	..	..	..	..	531	596
(h) Visits to Food Salesshops	..	..	..	..	..	709	971
(i) Visits to Licensed Premises	..	..	..	..	..	16	32

6. SHOPS								
Visits <i>re</i> Shops Act	..	..	..	..	..	..	276	496
7. VISITS <i>RE</i> ZYMOTIC DISEASES	..	..	..	..	..	..	5,054	1,285
8. FOOD POISONING								
(a) No. of visits	..	..	..	..	..	..	222	443
(b) No. of food specimens taken	..	..	..	..	..	..	10	11
9. VISITS FOR OFFENSIVE TRADES	..	..	..	..	..	..	33	40
10. VISITS <i>RE</i> RAG FLOCK AND OTHER FILLING MATERIALS ACT							1	10
11. VISITS TO WORKPLACES	..	..	..	..	..	..	12	37
12. VISITS <i>RE</i> RATS AND MICE INFESTATION	..	..	..	..	..	..	98	179
13. VISITS <i>RE</i> VERMIN								
(a) Private Houses	..	..	..	..	..	..	2,695	3,496
(b) Corporation Houses	..	..	..	..	..	..	2,327	2,736
(c) Other Premises	..	..	..	..	..	..	61	56
14. VISITS TO COMMON LODGING HOUSES	..	..	..	..	..	..	68	27
15. VISITS TO HOUSES LET-IN-LODGINGS	..	..	..	..	..	..	35	54
16. NO. OF DEPOSITED PLANS EXAMINED	..	..	..	..	..	..	3,533	3,431
17. DISEASES OF ANIMALS ACTS								
(a) No. of Visits	..	..	..	..	..	..	657	754
(b) No. of licences issued	..	..	..	..	..	..	266	165
18. VISITS TO PET SHOPS	..	..	..	..	..	..	36	33
19. NO. OF PROSECUTIONS TAKEN	..	..	..	..	..	..	14	65
20. NO. OF ATTENDANCES AT COURT	..	..	..	..	..	..	30	60
21. NO. OF MISCELLANEOUS LETTERS	..	..	..	..	..	..	4,558	4,694
22. NO. OF MISCELLANEOUS VISITS	..	..	..	..	..	..	10,002	10,597
23. <i>RE</i> PROPERTIES ETC.—No. of Town Clerk's Property Enquiries dealt with	..	..	..	..	..	..	6,578	7,613
24. PUBLIC HEALTH ACT, 1936—Section 23								
(a) No. of Public Sewers cleansed	..	..	..	..	..	..	160	231
(b) No. of Houses affected	..	..	..	..	..	..	739	939
25. VISITS <i>RE</i> POULTRY PENS, FITTINGS AND RECEPTACLES (DISINFECTATION) ORDER, 1952	..	..	..	..	..	..	74	110
26. VISITS <i>RE</i> WATER SUPPLIES (other than Corporation Mains Supplies)	..	..	..	..	..	..	39	14
27. DISEASES OF ANIMALS ACTS—TRANSIT OF ANIMALS (AMENDMENT) ORDER, 1931								
No. of vehicles, the cleansing of which was supervised at Wadsley Bridge Collecting Centre under the provisions of the above Order	..	..	..	..	..	..	310	195
28. VISITS TO BATHING POOLS	..	..	..	..	..	..	—	41
No. of samples to Public Health Laboratory	..	..	..	..	..	..	—	28
No. of Orthotolidine tests by Public Health Inspectors							—	238

WATER SUPPLY

“ Water, water, every where.”—S. T. Coleridge (The Ancient Mariner)

Premises without Mains Water.—Further progress was made during 1959 towards providing a mains water supply wherever practicable, to every house in the City, but due to unexpected difficulties in the supply of pumps and control gear, there has been some delay so that the programme must now continue into the fifth year.

The approved scheme provides :—

- (a) The Water Department will provide a mains supply of water to these premises ;
- (b) The Health Committee will make contributions towards the cost of mains and service pipes required for that purpose ;
- (c) Appropriate sums will be recovered from the owners of such premises supplied in accordance with the provisions of Section 138 of the Public Health Act, 1936, as amended by the Water Act, 1945

During the year under review, further long lengths of six-inch mains were laid from the boosters at Redmires Filters to the recently constructed service reservoir at Rud Hill, Fulwood Head, and to the various farms and cottages in the area. These premises, which previously obtained their water supply for all purposes from nearby springs, have now a piped supply to the kitchen sink. Many of the farmers have taken advantage of this and piped a metered supply to dairies and farm buildings at their own expense.

Apart from a few isolated cottages to be reviewed at the end of the programme, the only outstanding schemes at the end of 1959 are :—

- (1) Section II of the Rud Hill Zone Scheme involving 14 farms and cottages, delayed for reasons stated above.
- (2) Birley Edge and Midhurst Scheme involving some 15 properties, which was not proceeded with as programmed in the second year, pending proposed Corporation housing development in the area. This development has now commenced and it is anticipated that the water mains extension will go ahead in the near future.

The following is a summary of the works carried out during 1959 :—

No. of mains extensions completed (second stage)	..	..	1
Total length of mains laid .. .. .	..	..	2,300 yards
Total length of service pipes laid .. .. .	..	..	1,653 yards
No. of statutory notices served on owners	..	..	Nil
No. of appeals against requirements of notices	..	..	Nil
No. of house connections done in default	..	..	17
No. of house connections done privately	..	..	1

No. of houses found derelict, demolished or to be represented as unfit under the Housing Acts and not now to be connected	8
No. of dwellings in the City without a mains water supply at the 31st December, 1959	44

The following are the number of houses without mains water supply at different periods during the last 25 years :—

1933	316
1940	228
1950	145
April, 1956 (Scheme commenced)	125
December, 1956	113
December, 1957	76
December, 1958	70
December, 1959	44

The following report has been furnished by the General Manager and Engineer of the Sheffield Corporation Waterworks, whose continued assistance and close co-operation have been much appreciated :—

“ The water supply provided by the Corporation to the City and District and bulk supplies to outside Authorities have been satisfactory both in quality and quantity. Notwithstanding an exceptional drought period in the summer and autumn, it was possible to maintain supplies throughout the Corporation’s district of supply with little inconvenience to consumers, only those with gardens and cars being temporarily denied the use of hose pipes. Had the drought continued for one week longer it might have been necessary to shut off domestic supplies.

The co-operation of the public in responding to the Department’s request, by press publicity and posters, for conservation of available supplies was of great value—also the acceptance by industry of reduced supplies to the rivers at a time when domestic supplies were threatened.

All Sheffield’s water comes from moorland gathering grounds within a radius of 15 miles of the City centre. It is filtered and chlorinated at the source, and requires the addition of lime to prevent plumbosolvent action. The lime dosage ensures an average permanent hardness of 33 parts per million, and a total hardness of 48. The average pH value is 8·5.

The number of samples of drinking water examined in the laboratory bacteriologically during the year ended 31st March, 1960, was 2,248. Of this number 2,194 (97·6 per cent.) were free from coliform organisms in 100 mls. and 2,222 (98·8 per cent.) were free from Bact. Coli type 1 (an organism whose natural habitat is the human or animal intestine and which is an indicator of excretal pollution of water) in 100 mls.

The number of samples taken from consumers' taps during the year and examined bacteriologically was 1,099. Of these, 1,064 (96·8 per cent.) were free from coliform organisms, and 1,088 (99·0 per cent.) were free from Bact. Coli type 1 in 100 mls.

156 samples taken from consumers' taps were examined for lead. Of these, 152 (98·1 per cent.) contained no lead. Four samples only contained lead, the average amount being 0·08 p.p.m. as Pb.

As a first line of defence, the Undertaking exercises sanitary control over the entire water-shed, by prohibiting developments which might contaminate the reservoir feeders, and by removing or sterilising night soil from every dwelling on the gathering grounds."

RODENT CONTROL

“ *Not a mouse shall disturb the hallow'd house.*”

—William Shakespeare (A Midsummer Night's Dream).

The Rodent Control service, which began in 1944, operates under the Prevention of Damage by Pests Act, 1949.

During 1959, one Foreman and five Rodent Operatives were employed in overground servicing, and the section was in the charge of a Superintendent Public Health Inspector.

The services of the Rodent Operatives are made available upon application by the occupiers of infested premises, payment being upon a cost basis laid down by the Corporation.

Applications dealt with by the Rodent Control Service in the years 1957 to 1959 are given below, together with the numbers of baiting points positioned and the estimated numbers of rats and mice exterminated :—

	<i>Year</i> 1957	<i>Year</i> 1958	<i>Year</i> 1959
Number of applications dealt with (Rat Infestation)	713	629	1,107
Number of applications dealt with (Mice Infestation)	1,642	966	963
Approximate number of baiting points laid ..	47,000	37,423	31,678
Estimated number of rats exterminated	5,300	7,672	11,905
Estimated number of mice exterminated	41,500	35,982	27,311

In addition, during 1959, the Rodent Operatives made 437 visits to premises where it was found that the complaints arose from sources other than the presence of rats or mice.

It will be noted that the number of applications (Rat Infestations) and the number of rats exterminated greatly increased during 1959 ; this was apparently due to the exceptionally dry summer when rats moved from their usual haunts in search of water.

This search for water caused the rats to be attracted to rivers and water courses where the only available supply of water remained, and this proved helpful to the Rodent Control Service as it brought the rats out into the open and resulted in an increased “ kill ” with considerably less baiting points.

Sewer Disinfestation.—Treatment of the sewers, rivers and river culverts of the City, which began in 1945, has continued during the year. The work is undertaken by a staff of six operatives forming part of the Rodent Control Service of the Public Health Department. In each period of twelve months, the whole of the sewers in the built-up area of the City, including rivers and culverts, are treated twice, and the outlying areas receive one “ Pilot ” or test treatment. In this “ Pilot ” test, one in every ten of the sewer manholes is pre-baited, and any showing evidence of infestation are expanded into full-scale treatment areas. The number of manholes baited and points laid in river culverts and on river banks during the year totalled more than 13,729, and the estimated number of rats killed totalled 22,564.

Details of work carried out during the year are given in the statements below.

Completion of 24th Maintenance Treatment—Year 1959

<i>Areas treated</i>	<i>Number of manholes baited or points laid</i>	<i>Number of complete and partial "takes" recorded</i>	<i>Estimated number of rats killed</i>
Sewer manholes	3,208	585	4,373
Areas from "Pilot" test ..	31	11	82
Watercourse at Wardsend ..	145	19	142
TOTALS	3,384	615	4,597

25th Maintenance Treatment—Year 1959

<i>Areas treated</i>	<i>Number of manholes baited or points laid</i>	<i>Number of complete and partial "takes" recorded</i>	<i>Estimated number of rats killed</i>
Sewer manholes	4,018	963	7,168
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook, Badley Brook, Totley Brook, Old Hay Brook and Carbrook	2,445	473	3,538
TOTALS	6,463	1,436	10,706

Part of 26th Maintenance Treatment—Year 1959

<i>Areas treated</i>	<i>Number of manholes baited or points laid</i>	<i>Number of complete and partial "takes" recorded</i>	<i>Estimated number of rats killed</i>
Sewer manholes	1,431	435	3,243
Lengths of rivers : Don, Sheaf, Porter, Loxley, Meersbrook, Shirebrook, Badley Brook, Totley Brook and Carbrook ..	2,451	537	4,018
TOTALS	3,882	972	7,261

NUISANCE FROM PIGEONS

By C. F. CHALLENGER, M.A.P.H.I., M.R.S.H.
Superintendent Public Health Inspector

“As a bird hasteth to the snare and knoweth not that it is for his life”

—Proverbs vii, 23

In view of the increasing number of pigeons in the centre of the City, damaging and fouling many of the buildings and causing a serious nuisance with their droppings on public footpaths and at the entrances to public buildings and shops, it became obvious that steps would have to be taken to combat the menace. With this in view, it fell to the lot of the Public Health Department to find ways and means of reducing the pigeon population.

As it is illegal to poison these birds and destruction by shooting was out of the question, it was felt that the only satisfactory method of dealing with the problem was to painlessly trap and destroy the pigeons.

Early in 1959 it was decided to experiment with various types of traps and baits and to concentrate our efforts on the Town Hall, Town Hall Chambers and the City Hall, around which most of the pigeons congregated. The proposed method of trapping and destruction of the birds was approved by the R.S.P.C.A.

The first type of trap constructed on similar lines to one used by another Authority proved to be of little use, as only 11 pigeons were caught in the first three months. After redesigning the trap success came our way. During the next three months 130 pigeons were trapped and destroyed, and up to the end of December, 1959, the number increased to 343.

This trapping of pigeons was not without its problems, as the public were feeding the pigeons daily, thereby seriously obstructing the operation and making it impossible to place the traps in the most convenient places.

Nuisance from pigeons is by no means confined to the centre of the City ; numerous complaints have been received from owners and occupiers of property in many parts of the City where similar nuisances exist, but owing to the staff problem and administrative difficulties we have been able to give help only in the form of advice.

Many people feel that the presence of pigeons in the City Centre provides an element of rural atmosphere and interest, especially to the public who take advantage of the pleasant surroundings in the Town Hall garden, but this aspect is greatly outweighed by the damage caused to buildings and cultivated open spaces, and the fouling of buildings and the City Centre generally.

PUBLIC SWIMMING BATHS

By F. M. COCKROFT, D.P.A., M.A.P.H.I.,
Superintendent Public Health Inspector

"I have the simplest tastes. I am always satisfied with the best."

Oscar Wilde.

The following tables give details of the public swimming baths in the City, the baths being grouped according to departmental responsibility for supervision and maintenance, *i.e.*, Table "A"—Cleansing Department; Table "B"—Education Department; Table "C"—Municipal Parks, etc., Department.

Group "A" baths are conveniently spaced throughout the City to serve the public in all districts and are used regularly by school swimming classes. Group "B" are attached to schools and are used during the day solely for school swimming instruction. King Edward VII School bath is occasionally let in the evening for the use of a private swimming club, whilst Woodthorpe School bath is used by evening school swimming classes and for youth club activities.

All those in Tables "A" and "B" are indoor pools, equipped for the continuous filtration method of purification and using mains water for filling and make-up water. The baths are properly lined in tiles and provided with showers and foot baths. The two baths in Group "C" are open air, being situated in municipal parks, Longley being on the North side of the City and Millhouses being at the opposite side. These baths are particularly busy during fine, warm weather but otherwise little used except by a few spartan early morning swimmers, and from September to April they are open for only one to two hours per day.

Longley is equipped for continuous filtration with pressure filters and is filled and maintained with mains water. The wall and floor surfaces of the bath are of concrete. Reference to the tables will show that the turn-over period in this case is comparatively long and this is a matter which must receive special consideration during peak loading.

The Millhouses bath was constructed some 35 years ago at a time of economic depression with a view to providing work for some of the unemployed at that time. It has a most imposing appearance and is delightfully situated but the bath has certain inherent defects, *e.g.*, excessive capacity, which have given rise to concern during the years. The bath has concrete floor and walls, having a capacity twelve times that of Sheffield's largest indoor bath. The water main serving this side of the

City is insufficient to allow anything more than a few thousand gallons per day to be used for swimming bath purposes. The bath is gravity fed from the River Sheaf, the river water passing through gravity sand filters to the dosing chamber, and then back to the river via outlet ports and scum channels. The volume of water intake, under these circumstances, must inevitably vary considerably, depending as it does on the level of the river. In the early summer filling usually takes approximately seven days so that, its capacity being 1,356,800 gallons, the rate of flow is 8,000 gallons an hour and the turn-over approximately 170 hours or seven days. This compares very unfavourably with the Ministry of Housing and Local Government's suggested maximum of 4 hourly turn-over during peak loading. The Public Analyst has commented from time to time on the algal growth in the bath which on his recommendation is treated with copper sulphate. The difficulties are considerable and future use or adaptations and/or improvements have been under consideration for some time. In the meantime likely pollution of the stream which feeds the bath must be constantly borne in mind and regular bacteriological checks of the river and bath water are necessary, especially during the busy summer periods.

All these baths have suitably qualified staff on duty during opening hours and twice daily tests for chlorine content and alkalinity are carried out. As a further precaution, occasional samples are submitted to be examined by the Public Analyst.

In addition to this routine testing, Public Health Inspectors made 41 visits to public swimming baths during the year, particular attention being given to Millhouses Pool especially during a busy period when there was known contamination of the river at the point of intake. 238 ortho-tolidine tests were carried out on the spot and 28 samples of bath water were submitted to the Public Health Laboratory for various tests. (Details are given in the following tables).

Group “ A ”—Cleansing Department

<i>Bath situated at</i>	<i>Capacity in gallons</i>	<i>Source of Water Supply</i>	<i>Turn-over in gallons per hour</i>	<i>Turn-over period</i>	<i>Amount of average make-up water per day in gallons including washing out</i>	<i>Period of Emptying</i>	<i>Method of Filtration</i>	<i>Method of Sterilisation</i>	<i>Details of any Bacteriological examinations carried out during the period 1958/59</i>
ATTERCLIFFE ..	60,000	Mains	12,000	5 hours	1,000—3,000 gals.	As and when required	Bell's Filter	Patterson's Chlorinator	Public Analyst's Report No. 572/58 dated 17-6-58. Satisfactory—Free chlorine 1 p.p.m. B. Coli absent in 100 ml.
BRIGHTSIDE ..	61,500	Mains	15,000	4 hours	Do.	Do.	Bell's Filter	Bell's Chlorinator	Public Analyst's Report No. 903/58 dated 6-10-58. Satisfactory—Free chlorine 1 p.p.m. B. Coli absent in 100 ml.
CORPORATION ST.	45,000	Mains	9,000	5 hours	Do.	Do.	Bell's Filter	Bell's Chlorinator	Public Analyst's Report No. 903/58 dated 6-10-58. Satisfactory—Free chlorine 2.5 p.p.m. B. Coli absent in 100 ml.
GLOSSOP ROAD (1ST CLASS)	103,729	Mains	23,000	4½ hours	Do.	Do.	Bell's Filter	Bell's Chlorinator	Public Analyst's Report No. 447/58 dated 17-6-58. Satisfactory—Free chlorine 1.5 p.p.m. B. Coli absent in 100 ml.
GLOSSOP ROAD (GENTS.)	60,555	Mains	13,000	4½ hours	Do.	Do.	Bell's Filter	Bell's Chlorinator	Public Analyst's Report No. 447/58 dated 17-6-58. Satisfactory—Free chlorine 1.25 p.p.m. B. Coli absent in 100 ml.
GLOSSOP ROAD (LADIES)	52,566	Mains	12,500	4½ hours	Do.	Do.	Bell's Filter	Bell's Chlorinator	Public Analyst's Report No. 447/58 dated 17-6-58. Satisfactory—Free chlorine 1.5 p.p.m. B. Coli absent in 100 ml.
HEELEY ..	72,000	Mains	18,000	4 hours	Do.	Do.	Patterson's Filter	Patterson's Chlorinator	Public Analyst's Report No. 923/58 dated 6-10-58. Satisfactory—Free chlorine 1 p.p.m. B. Coli absent in 100 ml.
HILLSBOROUGH ..	76,500	Mains	17,000	4½ hours	Do.	Do.	Bell's Filter	Patterson's Chlorinator	Public Analyst's Report No. 903/58 dated 6-10-58. Satisfactory—Free chlorine 1.2 p.p.m. B. Coli absent in 100 ml.
PARK ..	61,500	Mains	12,000	5 hours	Do.	Do.	Bell's Filter	Patterson's Chlorinator	No report.
UPPERTHORPE..	55,000	Mains	14,000	4 hours	Do.	Do.	Royle's Filter	Patterson's Chlorinator	Public Analyst's Report No. 923/58 dated 6-10-58. Satisfactory—Free chlorine 1.2 p.p.m. B. Coli absent in 100 ml.

Group “ B ”—Education Department

<i>Bath situated at</i>	<i>Capacity in gallons</i>	<i>Source of Water Supply</i>	<i>Turn-over in gallons per hour</i>	<i>Turn-over period</i>	<i>Amount of average make-up water per day in gallons including washing out</i>	<i>Period of Emptying</i>	<i>Method of Filtration</i>	<i>Method of Sterilisation</i>	<i>Details of any Bacteriological examinations carried out during the period 1958/59</i>
KING EDWARD VII ..	100,000	Mains	25,000	4 hours	1,000 gals.	Annually	Horsley-Piggott Pressure Filter	Wallace & Tiernan Chlorinator	No report.
WOODTHORPE ..	98,000	Mains	24,000	4 hours	1,000 gals.	Annually	Bell's Filter	Bell's Chlorinator	No report.

Group “ C ”—Municipal Parks, etc., Department

LONGLEY ..	153,750	Mains	15,000	12 hours	1,000—10,000 gals.	Annually	Pressure Filters	Wallace & Tiernan Chlorinator	Public Analyst's Report 784/59 dated 1-7-59. 2 samples—satisfactory. Free chlorine 0·3 and 0·15 p.p.m. B. Coli absent in 100 ml.
MILLHOUSES ..	1,356,800	River Sheaf	8,000	7 days	Unknown	Annually	Gravity sand filters	Wallace & Tiernan (Chloramination)	Public Analyst's Report 726/59 dated 22-6-59. 2 samples—satisfactory. Free chlorine 0·22 and 0·18 p.p.m. B. Coli absent in 100 ml. Public Health Lab. reports 23rd—29th June, 1959—16 samples satisfactory. B. Coli absent in 100 ml. 2 samples unsatisfactory, contained 2 and 5 B. Coli (non-fæcal) respectively in 100 ml. Free chlorine samples taken at different parts of the bath over the same period varied from 0·15 to 0·4 p.p.m.

FOOD HYGIENE

By GEORGE ROBINSON, D.P.A., M.A.P.H.I.
Superintendent Public Health Inspector

"All the ways of a man are clean in his own eyes"—Proverbs xvi, 2

Food hygiene is a matter of intimate concern to everyone. Almost everyone hopes that the food they eat has been produced, transported, handled and sold under clean and safe conditions, and also that the appearance and palatability has not been reduced during the process.

As food hygiene is of concern to everyone, so they can make their contribution towards the task of ensuring that food for human consumption is safe and clean—the producer, those employed in the manufacture and preparation of food for sale, those employed in the distribution of food, and also those people who prepare and serve food in the home.

Food Premises.—The visiting of premises used for the manufacture, preparation and handling of food for sale is the duty of the Public Health Inspector, and these visits should be carried out frequently. Only by frequent visits can the relationship necessary between management, staff and the Public Health Inspector be established, and a good understanding is a necessary step towards useful progress.

Unfortunately, staff shortages have persisted in Sheffield for a considerable time and, while such shortages exist, day to day complaints, supervision of work in progress, improvement grants and similar more urgent duties tend to take precedence over routine visits.

Food premises seem to vary between the large food factory on the one hand and the small one-man business. The small business often presents the greater difficulties, as the one or two persons running the business often do not recognize the importance of clean conditions and are not very enthusiastic about the visiting inspectors. This is the type of case where regular visiting can usually result in general and lasting improvements, and much good can be done by means of advice and persuasion.

Education.—Whilst lectures, film shows and talks can be arranged for the instruction of management and staff in larger organizations, and can do a great deal of good, the smaller men can usually be reached only by the personal visit of the Inspector, and his instruction and guidance must be achieved at that point.

The preparation and handling of food in the home can also present problems, especially in the small house where there are several children and the mother has so many duties to perform that she finds it difficult to maintain a high standard of cleanliness. The preparation of the

household food is usually one of her duties and, should a case of dysentery or enteritis occur in the family, there is a serious risk that other members of the family will become infected through the agency of the food prepared by the mother. The need for clean handling of food in the house has to be stressed but this is not easy to “put over,” and the mother is often unwilling to be advised and frequently takes such advice as personal criticism. A great deal of patience and understanding is necessary in dealing with this type of case.

Enforcement of Legal Powers.—The legal enforcement of Food Acts, Byelaws and Regulations must be carried out, and full use should be made of the powers now existing which require the provision of premises up to a reasonable standard and the installation of necessary facilities and water supply. Such powers could be extended with advantage to require the provision of some reasonable hand washing facilities in vehicles used for food transport and for the retail sale of food in the open air. The problem in this case is to design a satisfactory type of bowl and water supply, with reasonable arrangements for the disposal of waste water, and capable of being fitted to a vehicle. There is perhaps still scope for improvement in the design of such apparatus at present offered for this purpose.

For some time now in Sheffield, a street trader, using adapted wheeled vehicles of the bicycle type, has been selling “hot dogs” at night, usually near dance halls and cinemas. These vehicles are not kept clean or properly equipped for the purpose and, despite continuous help and advice and heavy penalties imposed by the Magistrates’ Court, improvement is lacking. Those employed in the business are not experienced in this work or interested in improving their methods.

In the campaign to secure clean food there is much to be done and the future may well call for a greater concentration of effort in this field.

CLEANER AIR

By J. W. BATEY, D.P.A., M.I.Mar.E., M.R.S.H.,
Superintendent Smoke Inspector

“ It is not the beginning but the continuing of same, until it be thoroughly finished, which yieldeth the true glory.”

—Sir Francis Drake (Prayer before the attack on Cadiz, 1587)

It might be interesting and profitable to look into the past and consider the opinions held by our predecessors some hundred years ago. In the “ golden age ” of industrial prosperity was smoke considered to be a nuisance ? Were the early Victorians in that new age a team insensitive to smoke ? Were the principles of smokeless combustion apprehended ?

In the Journal of the Royal Society of Arts of a hundred years ago there is a vivid description of a chain-grate stoker which saved a firm some £8,000 in a ten-year period. There is a delightful story of the introduction of secondary air over the furnace fires of a steamship, which brought the engine revolutions up from 19 to 21—“ and no black smoke was ever seen from her funnel to pave the sky with carbon from port to port.”

A certain Neil Arnott estimated the extra cost of washing clothes, in London only, at two million and a half sterling ; and a Mr. Tomlinson wanted a definition of smoke, which by the way we have not yet achieved. The great Count Rumford stated that 5/6ths of the whole heat produced in an ordinary English fireplace went up the chimney with the smoke, to waste.

Fumbling attempts were made to take legal action against smoke nuisances. A prosecution was brought in Sheffield as early as 1811. In 1831 proceedings were taken against a firm chosen by ballot from among the half-dozen worst industrial offenders. Between 1855 and 1865 prosecutions under the new Smoke Byelaws were taking place at the rate of 45 per annum.

It is obvious then, from these brief extracts of a hundred years ago, that the knowledge was available—all it needed was application. Unfortunately the law, though by no means a dead letter, was limited in its scope. We have had to wait close on a century for Parliament to recognise that greater legal powers were necessary. Now that the law has been strengthened we find a startling difference in the application of this old knowledge.

Hand-firing of boilers and furnaces has virtually disappeared. From the hundreds of hand-fired furnaces which were in use in Sheffield, we have less than half-a-dozen left. That, in a few words, is the effect

of Section I of the Clean Air Act. Section III of the Act has been equally salutary in its effect. I would suggest that there are no hand-fired coal burning furnaces being installed today. But smoke is only one pollutant and, although many of us might rest content in the knowledge that we have reduced the smoke in the atmosphere to negligible proportions, nonetheless we ought not to be satisfied with the powers in Section V and Section VI of the Act, which control grit and dust.

The Act has been specific in laying down standards for smoke emission and there is no good reason why standards for grit and dust emission should not be given the force of law. Section V states that grit emission must be minimised—and that does not simply mean reduced. If it did, one could take out of chimney gases, a few coarse particles and say that the grit emission had been reduced which would not be very helpful. The word “ minimise ” implies a reduction to the smallest amount possible, and I do suggest here that standards ought to be set, even though they may have to be varied in the light of experience. At present we have an uncertain field which is helpful neither to Local Authorities nor to industry.

Sections XI-XV dealing with Smoke Control Areas will become more important as the preceding sections I-X become effective. For the first time we have control over domestic smoke and one can only hope that local authorities will use the power they now have.

It is always pleasant to report an improvement in living conditions and for the first time it can be said, without any reservations, that the air in Sheffield is becoming cleaner ; this in spite of the ever-increasing industrialisation of the area.

Black smoke from chimneys is now the exception, where once it was the rule, and the gauges which measure pollution bear witness to this silent revolution.

The housing programme adds nearly 2,000 houses per year to the potential smoke-making appliances within the City. With all this domestic smoke being discharged at low level, and bearing in mind the noxious nature of this smoke, it is obvious that great improvements in the City atmosphere can be made if houses become smokeless.

Under Sheffield Byelaws all new houses must be fitted with grates capable of burning a smokeless fuel. Nevertheless the great majority of the City's houses continue to burn coal. With the coming into operation of the Clean Air Act, it has become possible to declare Smoke Control Areas, and this procedure is designed primarily to eliminate smoke from the domestic chimney.

The Council has adopted a five-year programme which will include the whole of the southern half of the City and, when this programme is completed, there will undoubtedly be a great improvement in the atmosphere. The City centre and the Netherthorpe redevelopment area are included in Sheffield's first Smoke Control Area which became operative on December 1st, 1959. This will rank as an important day in the life of the City. It was preceded by a Clean Air Exhibition, which was an outstanding success. Such concepts as Smoke Control Areas cannot be carried through without the co-operation of the general public, and it is not always easy to convince people that the open coal fire is outmoded, outworn, inefficient, dirt-producing, unhealthy, and depresses the vitality of all who live under its chimneys.

Pollution is a malady of big cities which, like many other maladies, has more than one cause and more than one effect. Smoke is being slowly but surely reduced by a significant amount. Yet many intractable problems remain which present not only technical difficulties but also unknown health hazards. Sulphur dioxide, grit and dust, finely suspended particles and fumes from steel melting create problems for which no solution is readily available, although in some cases satisfactory progress has been achieved.

The Sheffield City Council has delegated to the Sheffield and District Clean Air Committee their powers under the Clean Air Act, 1956, and relevant sections of the Public Health Act, 1936, with the exception, briefly, of any power to make byelaws and any activities and expenditure in relation to Smoke Control Areas. The constituent authorities are Sheffield County Borough, Rotherham Rural District, Rawmarsh Urban District and Stocksbridge Urban District. Steady progress has been maintained in the efforts to produce a cleaner atmosphere and the gauges which measure smoke show an encouraging trend.

The activities of the staff, so far as they relate to Sheffield, can be briefly outlined in statistical form and are as follows :—

Number of chimneys observed (half hour observations)	..	..	11,365
Number of minutes smoke emitted	..	..	3,470
Average minutes of smoke emission per half hour	..	..	·30
Number of Abatement Notices served	..	..	43
Number of Intimation Notices served	..	..	155
Number of Advisory Visits	..	..	850
Number of complaints dealt with	..	..	197
Number of Prosecutions	..	..	4
Letters sent to firms regarding smoke emissions	..	..	123

The average smoke emission per half hour observation has been steadily falling over the past ten years and, although too much cannot be read into this figure, the further drop is again most encouraging.

Atmospheric Pollution.—The recording of atmospheric pollution, which has continued throughout the year, gives an overall picture, on a comparative basis, of the pollution both by solids and sulphurous gases of various areas of the City. In the table which follows are given the averages of the monthly deposits of solid matter at three collecting stations in the five years 1955-1959, together with highest monthly deposit at each station in those years.

TABLE XIX.—Solid Matter deposited at three Sheffield Collecting Stations during five years 1955-59

Year	<i>Amount of Solid Matter (in tons) deposited per square mile</i>					
	<i>Attercliffe</i>		<i>Surrey Street</i>		<i>Fulwood</i>	
	<i>Average Deposit per Month</i>	<i>Highest Monthly Deposit</i>	<i>Average Deposit per Month</i>	<i>Highest Monthly Deposit</i>	<i>Average Deposit per Month</i>	<i>Highest Monthly Deposit</i>
1955 ..	37·8	62·4	27·5	49·8	9·9	15·2
1956 ..	38·5	49·9	24·4	37·3	10·6	15·2
1957 ..	30·4	49·8	20·6	27·0	9·0	14·1
1958 ..	29·8	45·8	21·2	33·4	9·6	16·2
1959 ..	22·9	34·7	18·8	26·6	7·1	10·3

The highest monthly deposit figure for these three stations occurred in October for Attercliffe and Fulwood, and in March for Surrey Street.

The following table summarises the monthly records of solid matter deposited per square mile in the year 1959 at the seven stations at which there were gauges for the measurement of atmospheric pollution :—

TABLE XX.—Solid Matter Deposited at the Sheffield Collecting Stations during the year 1959.

<i>Month</i>	<i>Tons per square mile</i>						
	<i>Surrey Street</i>	<i>Attercliffe</i>	<i>Sewage Works</i>	<i>Firth Park</i>	<i>Fulwood</i>	<i>Bernard Street</i>	<i>Weston Park</i>
January	20·57	28·28	16·76	11·66	5·15	18·46	7·98
February	21·41	10·76	10·99	8·06	4·94	10·77	6·74
March	26·55	27·22	21·01	13·06	7·10	32·45	14·76
April	16·63	26·83	16·63	13·16	8·25	31·38	13·04
May	15·68	16·56	5·78	10·17	8·72	23·93	9·77
June	17·88	30·21	20·25	15·40	9·98	27·08	12·40
July	14·39	21·03	12·31	3·67	6·95	19·36	8·22
August	9·85	9·77	10·65	5·41	4·11	12·42	6·23
September	13·17	19·01	19·15	10·51	4·29	15·64	7·95
October	23·93	34·71	28·97	16·42	10·34	31·65	12·50
November	25·50	28·42	22·74	21·08	8·39	25·34	12·47
December	19·98	22·39	21·31	13·36	6·74	21·71	9·70
TOTALS	225·54	275·19	206·55	141·96	84·96	270·19	121·76
AVERAGES ..	18·79	22·93	17·21	11·83	7·08	22·50	10·14

Sulphur Determination.—Daily averages, which determine the quantity of sulphur in the atmosphere, were taken by the lead peroxide method at 13 stations during the year.

The daily averages of the number of milligrammes of sulphur per 100 square centimetres of surface area, as recorded during the five years 1955-1959 at seven stations, were as follows:—

TABLE XXI.—Sulphur determination by the Lead Peroxide method at seven Sheffield Stations, five years 1955-59

<i>Year</i>	<i>Daily Average Milligrammes of SO₃ per 100 Square Centimetres</i>						
	<i>Attercliffe</i>	<i>Bessemer Road</i>	<i>Fulwood</i>	<i>Firth Park</i>	<i>Surrey Street</i>	<i>Wincobank</i>	<i>Weston Park</i>
1955 ..	4·7	11·3	0·7	2·8	3·4	2·2	3·0
1956 ..	5·1	11·6	0·7	3·0	3·3	2·1	2·0
1957 ..	4·7	11·0	0·6	3·0	3·0	2·9	1·8
1958 ..	4·7	9·8	0·9	3·2	3·3	2·9	2·1
1959 ..	4·4	9·3	0·9	3·3	3·2	3·1	1·9

The Bessemer Road gauge is sited in such a way as to register the effect of an adjacent sulphuric acid works. One small gauge cannot possibly give a complete picture but it is at least indicative, and illustrates the importance of siting such works in places where they will do a minimum damage.

In 1959 the daily averages in milligrammes of sulphur per 100 square centimetres of area (*i.e.*, surface area of the instrument) were as follows :—

TABLE XXII.—Sulphur Determination by the Lead Peroxide Method at Sheffield Stations during the year 1959

MILLIGRAMMES PER 100 SQUARE CENTIMETRES PER DAY

<i>Month</i>	<i>Attercliffe</i>	<i>Bernard St. Park</i>	<i>Firth Park</i>	<i>Weston Park</i>	<i>Fulwood</i>	<i>Jordan Locks</i>	<i>Limpfield Road</i>	<i>Bessemer Road</i>	<i>Sewage Works</i>	<i>Surrey Street</i>	<i>Tinsley</i>	<i>Wincobank</i>
January ..	7.45	4.23	4.91	3.23	1.22	4.53	3.89	8.21	5.38	5.64	4.69	3.69
February..	5.33	3.40	4.51	2.95	1.31	4.38	4.23	8.24	5.53	4.46	4.47	4.12
March ..	3.51	2.20	3.56	2.09	0.91	2.82	4.47	10.13	3.33	3.83	3.03	3.43
April ..	4.90	2.48	2.93	1.60	1.12	2.72	2.86	8.68	3.55	3.05	3.48	2.87
May ..	3.67	2.60	2.46	1.96	0.94	2.15	2.22	9.37	2.25	2.84	1.26	2.33
June ..	3.99	1.76	1.85	1.20	0.69	2.18	1.76	9.74	2.56	2.13	2.79	1.82
July ..	2.93	1.47	1.76	1.03	0.59	1.85	1.86	9.35	2.25	1.50	2.46	1.48
August ..	3.03	1.53	1.60	1.08	0.52	2.06	1.76	9.57	2.49	1.67	2.03	1.49
September	3.66	2.07	2.67	1.48	0.77	—	2.67	9.59	3.25	2.83	2.69	2.07
October ..	4.70	2.29	3.56	2.02	0.94	—	2.86	9.25	5.50	2.88	4.57	3.15
November	5.15	2.59	4.86	2.52	1.12	—	4.22	10.38	5.63	4.02	4.54	5.49
December	4.77	2.33	4.33	2.15	0.95	4.92	4.59	8.63	6.40	3.65	5.00	4.89
TOTALS	53.09	28.95	39.00	23.31	11.08	27.61	37.39	111.14	48.12	38.50	41.01	36.83
Averages	4.42	2.41	3.25	1.94	0.92	3.07	3.11	9.26	4.01	3.20	3.41	3.07

The direct measurement of Smoke and Sulphur Dioxide, achieved by drawing a measured quantity of air through the Volumetric Apparatus, has been carried out at eight stations with the results shown in the following tables:—

TABLE XXIII.—Monthly Averages of SO2 (Volumetric) at eight Stations during the year 1959

PARTS PER 100 MILLION PARTS OF AIR

<i>Month</i>	<i>Surrey Street</i>	<i>Park Co.</i>	<i>Newhall Road</i>	<i>Ellesmere Road</i>	<i>Stanley Works</i>	<i>St. Stephen's</i>	<i>Milton Street</i>	<i>Sharrow Lane</i>
January ..	21.9	19.3	20.6	14.0	16.1	17.3	20.4	19.6
February ..	16.4	14.4	19.7	12.9	15.4	13.5	15.9	13.6
March ..	10.6	8.8	12.8	9.1	9.5	8.6	10.5	8.7
April ..	9.3	6.9	11.8	7.8	8.1	7.0	8.0	7.8
May.. ..	10.4	8.0	10.9	7.9	6.5	7.3	7.4	7.1
June.. ..	12.3	5.3	8.3	4.3	4.9	4.3	4.4	3.7
July	5.9	4.7	6.1	4.0	4.0	3.6	3.4	2.9
August ..	6.9	5.4	4.8	3.4	4.3	3.5	3.7	2.9
September ..	9.5	8.7	10.1	7.6	14.1	6.6	6.8	4.9
October ..	10.4	7.9	13.2	8.4	—	6.9	9.2	6.1
November ..	12.5	11.4	17.2	9.1	9.4	10.5	13.4	7.1
December ..	10.7	7.9	13.2	7.6	8.9	9.6	11.3	5.4
TOTALS	136.8	108.7	148.7	96.1	101.2	98.7	114.4	89.8
Averages	11.4	9.1	12.4	8.0	9.2	8.2	9.5	7.5

TABLE XXIV.—Monthly Averages of Smoke (Volumetric) at eight Stations during the year 1959

MILLIGRAMMES PER 100 CUBIC METRES

<i>Month</i>	<i>Surrey Street</i>	<i>Park Co.</i>	<i>Newhall Road</i>	<i>Ellesmere Road</i>	<i>Stanley Works</i>	<i>St. Stephen's</i>	<i>Milton Street</i>	<i>Sharrow Lane</i>
January ..	49	74	94	80	52	57	85	94
February ..	27	50	57	54	48	44	53	60
March ..	18	29	41	39	36	35	38	44
April ..	14	27	35	32	31	28	28	38
May ..	12	22	25	22	20	20	18	24
June ..	8	12	16	9	11	9	9	10
July ..	9	12	15	7	10	10	7	9
August ..	11	14	13	8	8	9	9	11
September ..	25	29	29	25	37	23	24	26
October ..	28	35	40	34	—	34	37	37
November ..	40	47	55	54	32	50	58	50
December ..	25	30	42	40	22	35	47	42
TOTALS	266	381	462	404	307	354	413	445
Averages	22	32	38	34	28	30	34	37

These volumetric gauges have now been in use for a sufficient length of time to show yearly trends as follows:—

TABLE XXV.—Smoke and Sulphur Determination by the Volumetric Method at eight Sheffield Stations during four years 1956-1959

	<i>Year</i>	<i>Surrey Street</i>	<i>Park County</i>	<i>Newhall Road</i>	<i>Ellesmere Road</i>	<i>Stanley Works</i>	<i>St. Stephen's</i>	<i>Milton Street</i>	<i>Sharrow Lane</i>
SMOKE	1956	24·0	29·0	37·0	31·0	36·0	37·0	35·0	32·0
	1957	15·8	21·1	26·3	26·2	27·0	30·0	28·8	24·8
	1958	16·2	21·0	29·0	28·0	25·0	24·0	28·0	30·0
	1959	22·0	31·7	38·3	33·3	27·9	29·5	34·4	37·0
SULPHUR	1956	15·0	9·0	12·0	8·0	10·0	8·0	8·0	8·0
	1957	10·6	8·5	12·3	9·0	8·7	8·6	9·8	7·3
	1958	12·8	9·7	12·8	9·2	9·5	8·5	10·3	8·9
	1959	11·4	9·1	12·4	8·0	9·2	8·2	9·5	7·5

HOUSING AND SLUM CLEARANCE

By W. CURTIS, M.A.P.H.I.

Superintendent, Slum Clearance Section

*“ And they shall repair the waste cities, the desolation
of many generations.”—Isaiah lxi, 4*

This particular phase of public health work was recommenced in 1955. As was described in the Annual Report for that year we were faced with a large back log of areas of unfit houses which had been represented in the late nineteen-thirties but which, at the outbreak of war, had not been confirmed. These large compact masses of houses were situated fairly near to the centre of the City. It was necessary to make a fresh start and submit up-to-date information to the Ministry of Housing and Local Government, whose inspectors visited the areas after considering any objections at local public enquiries. Nevertheless many of these sites have been cleared and are now being redeveloped by the erection of houses and high storey flats. Today it is possible to see the progress that has been made, but there remains a considerable task to be accomplished.

Government legislation on this work has been amended, repealed and renewed from time to time, and it is noticeable that on only one occasion did the expression “ Slum Clearance ” appear in the title of a Statute. This was the Slum Clearance (Compensation) Act of 1956. However, it did not remain long in operation, being repealed by the Town and Country Planning Act, 1959. The term “ Slum Clearance ” is an anachronism. Such an expression brings to mind a picture of an area of dirty, decrepit and dilapidated hovels, in narrow squalid streets, where families have to live in unhealthy and overcrowded conditions. To infer that the occupants of the houses we are condemning today are “ slum dwellers ” is to give offence to these people who, in the majority, do all that is reasonably possible to make homes from the worn out houses they have to occupy.

The emphasis in present day legislation is on “ unfitness ” of the houses. A house should be deemed to be unfit if, and only if, it is so far defective in respect of repair, stability, freedom from damp, natural light, ventilation, water supply, drainage and sanitary conveniences, and facilities for the storage, preparation and cooking of food, and the disposal of waste water, that it is not reasonably suitable for occupation in that condition.

From this definition it seems clear that in determining whether a house is unfit, regard must also be had to what is “ reasonably suitable.” Thus, we should consider what degree of amenity, comfort and convenience can be reasonably expected under present day standards for there has been a raising of these standards over the last half century. There are changing

views not only on the structure of houses, but in their layout, heating, lighting, etc. In other words, although we deal with inert and static forms of habitation, the conception of living accommodation and all that goes with it to make a home is “ dynamic ” in a healthy and progressive Society.

The knowledge gained from our experiences in the last few years of slum clearance work has caused us to give a wider interpretation of unfitness. We are now able to define more clearly the intention of the designers of Section 4 of the Housing Act, 1957, and it becomes apparent that the number of unfit houses quoted in the report to the Minister under the 1954 Act will be greatly exceeded.

During the present century Local Authorities, with financial help from the government, and private developers, have played their individual parts in the erection of dwellinghouses. The advance in the standard of living is revealed in the type of accommodation provided during this period. In addition to the facilities normally provided in houses built some 60 to 80 years ago, every new house has a bathroom, domestic hot water supply, internal watercloset, food pantry and a proper kitchen for the preparation and cooking of food. When a house has all the amenities mentioned above, and is also in good repair, free from damp, structurally stable and adequately lighted and ventilated, it can be considered to be a dwelling in all respects fit for human habitation. On the other hand, any house which fails to reach this standard and which cannot, on account of its structure, design and situation, be provided with the additional amenities, is potentially an unfit dwelling.

If consideration is given to the rapid increase in the number of dwellings provided during the period of the industrial revolution, it becomes apparent that at the present rate of rehousing their replacement will take a considerable time.

Many of the older houses were soundly built but are now obsolete and inconvenient for living in. Often they show signs of deterioration, partly due to age, but they could have their useful life prolonged. Successive governments have shown their interest in this type of house and have legislated for the payment of financial grants towards the expense of improving them, but certain amenities must be provided to bring the house up to a defined standard of fitness.

The acceptance of financial grants is quite voluntary, and it is unlikely that any large proportion of obsolete houses in a defined area will be improved. In fact most of the houses improved with grant assistance are owner-occupied, and very few owners of tenanted properties are taking advantage of these schemes, although it would be possible for them to

increase the rent. It is also true to say that while such improvement provides better living conditions, the disadvantages of bad siting, congestion, road layout and inherent defects remain.

Future generations are likely to be faced with their own problems of clearance and redevelopment, but we have no reason to be ashamed of our present efforts to abolish the evils of the past. The Public Health Department is doing its utmost to carry out this Slum Clearance programme speedily and efficiently, and the statistics below give some indication of the work accomplished during the last twelve months.

Preliminary surveys have been carried out during the year and the Medical Officer has accompanied me to 71 Areas having 1,742 houses. Representations were limited to 31 Clearance Areas having 382 unfit houses, although a large balance of unfit property remains which will have to be dealt with when redevelopment proposals have been finalised.

An inspector from the Ministry of Housing and Local Government visited the City on 16 occasions to hold Enquiries into 20 opposed Orders and 21 unopposed Orders ; these Orders affect a total of 1,889 houses.

During the year the Minister confirmed 39 Orders relating to 1,755 houses. The complicated procedures involved in clearance and redevelopment call for a team approach. Progress has been accomplished by sustained effort not only from the staff of this section, but from those in many other departments who have the same goal before them. To one and all I express my sincere appreciation and thanks.

FOOD AND DRUGS

By G. A. KNOWLES, F.R.S.H., F.A.P.H.I.,
Superintendent Food and Drugs Inspector

"In her days every man shall eat in safety"

—William Shakespeare (King Henry VIII) (referring to Elizabeth Tudor)

It is gratifying to be able to report that there was increased activity during the year in all aspects of the Section's work. This was possible because of the improved staff position. In September the staff was brought up to full strength, the first time since 1952. The 9,597 visits by the Food Inspectors showed an increase over 1958, and it was also possible to take more samples under the Food and Drugs Act ; the proportion of unsatisfactory samples was greater, namely 68 or 4·88%. Cases where it was necessary to take legal proceedings showed an increase, and the penalties imposed were the largest recorded for some years. Notable amongst the proceedings successfully instituted were three cases of pork sausage deficient in meat. Owing to the continued absence of a statutory standard for this commodity it was necessary to ask the magistrates to fix a meat content standard. Two cases of added water in milk revealed heavy adulteration, amounting in one sample to 20 per cent. of added water ; the penalties imposed by the magistrates were substantial. Because of the improved staff position it was possible to inaugurate a regular inspection of all butchers' shops and all fish shops. This work is most valuable because it ensures that the meat and fish exposed and deposited for sale in these shops is examined for fitness by the Food Inspectors. At the same time attention is paid to the observance of the Sheffield Meat Inspection Byelaws and the Merchandise Marks Act. There was only one horseflesh shop open in the City during the year and the meat sold from this shop was slaughtered in the City.

GENERAL FOOD INSPECTION

During the year the Food Inspectors made 9,216 visits to inspect food supplies at the wholesale fish and fruit and vegetable markets, wholesale and retail provision and food stores, cold stores, retail markets, butchers' shops and fish shops. Possession was taken of all food unfit at the time of inspection. The condemned food was taken to the Corporation Destructor at Penistone Road and destroyed by burning. 51 visits were made to the one horseflesh shop which was open during the year. The horseflesh came from the City's registered horse slaughterhouse and was fit for human consumption.

Visits made by the Food Inspectors

Visits to markets and wholesale food premises	7,856
Visits to retail food shops	..	..	..	1,039
Visits to horseflesh shop	..	..	..	51
Visits to butchers' shops	..	..	..	248
Visits to wet fish shops	..	..	..	73

TABLE XXVI.—General Food Inspection—Food condemned as unfit for human consumption during the year 1959

<i>Description</i>	<i>Quantity</i>	<i>Tons</i>	<i>Cwts</i>	<i>Qrs.</i>	<i>Lbs.</i>	<i>Description</i>	<i>Quantity</i>	<i>Tons</i>	<i>Cwts</i>	<i>Qrs.</i>	<i>Lbs.</i>
Canned Goods ..	38,860	—	—	—	—	Meat and Fish Paste ..	100 jars	—	—	—	—
Bacon and Ham ..	—	—	18	—	27½	Meat and Meat Products ..	—	1	19	2	4½
Bread, Cakes and Pastry ..	—	—	1	2	3¼	Milk (Dried) ..	—	—	—	—	1½
Butter ..	—	—	4	1	19½	Peanut Butter ..	—	—	—	—	2
Cereals ..	—	—	1	1	23¾	Pepper ..	—	—	—	—	1¼
Cheese ..	—	—	14	2	26¾	Pickles and Sauces	553 jars	—	—	—	—
Chestnuts ..	—	—	10	2	—	Poultry and Game	—	—	11	—	6
Chicken ..	4 jars	—	—	—	—	Preserves ..	—	—	5	—	21¾
Coconut—(Desiccated) ..	—	—	—	—	15½	Puddings ..	—	—	—	—	11¾
Coffee ..	28 bottles	—	—	—	—	Rabbits ..	—	—	4	—	11¾
Cooking Fat ..	—	—	—	—	6½	Salad Cream ..	491 jars	—	—	—	—
Cream ..	9 jars	—	—	—	—	Sandwich Spread	16 jars	—	—	—	—
Fish ..	—	5	16	2	6½	Shellfish ..	—	—	13	—	24
Flour ..	—	—	—	—	16	Shellfish ..	26 jars	—	—	—	—
Frozen Egg ..	—	—	2	2	12	Soft Drinks ..	76 bottles	—	—	—	—
Fruit ..	—	3	13	—	23	Sugar ..	—	—	—	—	18
Fruit (Dried) ..	—	—	5	2	21½	Sweets and Confectionery	—	—	1	1	4½
Jellies ..	—	—	—	—	½	Tea ..	—	—	—	—	¾
Lard ..	—	—	1	—	—	Vegetables ..	—	—	12	3	8½
Margarine ..	—	—	—	—	11¾	Sundry Articles ..	18	—	—	—	—

The total weight of food condemned and destroyed was 71 tons, 3 cwts., 3 qrs., 23¾ lbs.

Details of Canned Goods Condemned

<i>Commodity</i>	<i>Number of Cans</i>
Fish	1,875
Fruit	22,351
Meat	7,952
Milk	1,328
Soup	1,298
Vegetables	3,102
Miscellaneous	954
TOTAL	38,860

Self Suppliers' Pigs

2 pigs slaughtered at private premises for consumption by the owners were inspected and passed fit for human consumption.

FOOD AND DRUGS ACT, 1955

It will be seen from the table which follows that, of the 1,394 formal and informal samples of milk and other food commodities which were taken during the year, there were 68 or 4·88 per cent. which proved to be unsatisfactory.

TABLE XXVII.—Results of analyses of samples taken under the Food and Drugs Act, 1955, during the year 1959

<i>Article Sampled</i>	<i>Total</i>	<i>Formal</i>		<i>Informal</i>	
		<i>Satisfact- ory</i>	<i>Unsatis- factory</i>	<i>Satisfact- ory</i>	<i>Unsatis- factory</i>
Milk	665	600	11	45	9
Apples	2	—	—	2	—
Aspirin Tablets	3	—	—	3	—
Baking Powder	8	—	—	8	—
Butter	87	82	—	5	—
Butter Confectionery	5	—	—	4	1
Cake Fruit	21	—	—	21	—
Cheese and Cheese Spread	14	—	—	14	—
Cheese Biscuits	5	—	—	5	—
Chocolate	1	—	—	1	—
Christmas Pudding	7	—	—	7	—
Coffee	14	—	—	14	—
Condensed etc., Milk	8	—	—	8	—
Cream	64	33	—	31	—
Cream Confectionery	6	—	2	3	1
Dairy Ice Cream	14	11	1	2	—
Dressed Crab	6	1	—	5	—
Dried Onions	1	—	—	1	—
Fish Cakes	2	1	—	1	—
Fish Paste and Fish Spread	23	15	—	8	—
Flour and Flour Confectionery	34	—	—	34	—
Fruit Drink, Squash and Syrup	17	—	—	17	—
Ground Almonds	16	—	—	16	—
Ice Cream	96	86	1	9	—
Jam and Preserves	40	1	—	39	—
Lard	7	1	—	6	—
Malt Vinegar	18	1	—	17	—
Margarine	4	—	—	4	—
Meat Paste	44	37	2	4	1
Milk Food	1	—	—	1	—
Milk Ice	2	2	—	—	—
Milk Pudding	6	—	—	6	—
Minced Meat	2	—	—	2	—
Mustard	1	—	—	1	—
Non-Brewed Condiment	17	5	1	10	1
Pickles	4	—	—	4	—
Potted Meat	14	8	6	—	—
Potted Salmon with Butter	1	—	—	1	—
Rose Hip Syrup	1	—	—	1	—
Salad Cream and Mayonnaise	6	—	—	6	—
Sausages and Sausage Meat	62	26	23	10	3
Soup	3	—	—	3	—
Stewed Steak with Gravy	5	—	—	2	3
Stuffing	1	—	—	1	—
Suet	6	—	—	6	—
Sweets	2	—	—	2	—
Table Jelly and Jelly Crystals	20	—	—	18	2
Thickened Meat Gravy	1	—	—	1	—
Tomato Sauce and Ketchup	5	—	—	5	—
Veal and Egg Pie	1	—	—	1	—
Veal and Ham Roll	1	—	—	1	—
TOTALS	1,394	910	47	416	21

The following statement lists the number of samples taken under the Food and Drugs Acts, in the years 1939 to 1959, and shows in regard to each year, the number of samples analysed and the number and percentage of the samples which were found to be unsatisfactory.

<i>Year</i>	<i>Total samples submitted</i>	<i>Unsatisfactory</i>	<i>Percentage unsatisfactory</i>
1939	1,264	56	4·43
1940	1,082	97	8·96
1941	1,064	117	10·98
1942	1,337	117	8·75
1943	1,228	117	9·53
1944	1,370	129	9·42
1945	1,341	97	7·23
1946	1,314	72	5·48
1947	827	71	8·59
1948	741	50	6·75
1949	1,183	144	12·17
1950	1,140	96	8·42
1951	1,125	74	6·57
1952	1,516	104	6·86
1953	1,304	65	4·98
1954	1,001	26	2·60
1955	1,339	75	5·60
1956	696	23	3·30
1957	982	37	3·77
1958	1,252	47	3·75
1959	1,394	68	4·88

The fluctuating numbers of samples taken since 1947 have a direct relation to the staff position in the section. Only in 1952 was there a full complement and in that year alone was it possible to take the recommended minimum number of samples, namely, 1,500.

Examination of Milk Samples by Inspectorate.—During the year 250 samples of milk were examined by the staff of Food and Drugs Inspectors, and the Gerber fat and slide rule solids figures of the milks obtained. These samples were in addition to the samples submitted to the Public Analyst ; this method has effected a definite saving in expenditure on samples and at the same time allowed more samples to be taken.

Legal Proceedings.—Legal proceedings taken during the year for offences against the Food and Drugs Act and its Regulations resulted in penalties totalling £157 5s. 0d. being imposed.

The continued absence of a statutory standard of meat content for sausages made the enforcement of a reasonable standard of meat for this important food commodity difficult. It will be seen from the details supplied below that 23 warnings were given in cases of pork sausage deficient in meat content. The standard adopted for this purpose is 65 per cent. It was decided to take proceedings in three cases of pork sausage containing less than 50 per cent. of meat. The magistrates were asked to fix a standard of 65 per cent. meat content. Convictions were secured in each case.

It was necessary to take proceedings in two cases of flour confectionery, described as cream cake and cream loaf, where the filling was not cream. Convictions were secured in each case.

The two cases of watered milk, one from a retailer of raw milk and the other from a farmer outside the City supplying a Sheffield dairy, emphasise that vigilance is still needed to detect and punish this type of offence.

Extraneous matter in food is a constantly recurring problem and convictions were recorded in the two cases taken to court. It should be stated that in each case it was the fault of an employee whose neglect created the offence.

An unfit meat pie was sold to a Sheffield housewife. The pie was condemned by a magistrate, and the vendors and their shop manager were both fined for the offence, which was due to the pie being kept too long by the vendor in hot weather.

Details are given in the following statement :—

<i>Offence</i>	<i>Penalties Imposed</i>		
	£	s.	d.
Selling pork sausages deficient in meat content (3 cases) ..	15	6	0
Selling cream cake with a misleading description	7	10	0
Selling cream loaf with a misleading description	4	10	0
Selling milk containing added water (2 cases)	59	12	0
Selling ice cream deficient in fat	4	10	0
Selling potted meat paste deficient in meat	12	10	0
Selling non-brewed condiment deficient in acetic acid ..	10	5	0
(In this case the manufacturer was fined £5 and ordered to pay £5/5/0 costs to the retailer).			
Selling a doughnut containing a piece of cloth	3	0	0
Selling a steak and kidney pie unfit for human consumption..	15	2	0
Selling tinned luncheon meat containing a piece of cloth ..	25	0	0
TOTAL	157	5	0

In addition to the cases taken to prosecution, warnings were given in the cases detailed below :—

Channel Island milk deficient in milk fat (1 case).
Devon Splits with butter, misleading description (1 case).
Double Dairy Ice Cream, misleading description (1 case).
Pork Sausages deficient in meat content (23 cases).
Potted Meat containing excess water (5 cases).
Potted Meat Paste deficient in meat (2 cases).
Table Jellies not complying with the setting test (2 cases).

THE MILK SUPPLY

The daily amount of milk consumed in Sheffield in 1959 was 42,160 gallons, which is equivalent to 0·67 pints per head of population. This figure has remained fairly constant since 1951. It is interesting to recall that in 1931 the figure was only 0·34 pints. By 1938 it had increased to 0·43 pints and the upward trend continued until 1951 when the consumption figure was 0·68 pints, just double the 1931 consumption.

The average quality of the milk consumed, as judged from the 665 samples of milk examined during the year, was 3·54 per cent. of milk fat and 8·71 per cent. of milk solids other than milk fat. This compares favourably with the minimum standard for genuine milk, laid down by the Sale of Milk Regulations, 1939, of 3 per cent. of milk fat and 8·5 per cent. of milk solids other than milk fat.

The average quality of the 25 samples of Channel Island Milk taken during the year was 4·43 per cent. of milk fat and 9·03 per cent. of milk solids other than milk fat. The quality standard for this milk is a minimum milk fat content of 4 per cent.

Samples of milk are taken daily from the milk distributors as they are delivering in the City, and at the dairies where milk is processed for sale. Milk adulteration is not common today but continual vigilance is necessary. Because Sheffield is a Specified Area only bottled designated milk may be sold. The types of designated milk retailed in the City are Pasteurised Milk, Sterilised Milk and farm bottled Tuberculin Tested Milk. There are special bacteriological standards for these milks which indicate, in respect of the heat treated milks, that they have been efficiently pasteurised or sterilised, and in regard to all three designations that the milk is of satisfactory keeping quality. 585 milk samples were taken during the year for bacteriological examination. As in the previous two years tests on pasteurised and sterilised milks showed in every case that the milk had been efficiently heat treated.

MILK AND DAIRIES REGULATIONS

Milk and Dairies Regulations and Milk (Special Designation) Regulations.—The Inspectors made 57 visits to dairy premises to secure compliance with the above Regulations.

Milk of Special Designation.—The following table indicates the amount of milk of special designation sold daily in the City in 1959. The estimated daily average consumption of milk in the City during the year was 42,160 gallons, the whole of which was designated milk.

TABLE XXVIII.—Daily Sales of Designated Milk in the City during the year 1959

<i>Type of Designated Milk</i>	<i>Number of gallons sold</i>	<i>Percentage of City's total milk supply</i>
HEAT TREATED MILKS		
Pasteurised	28,686	68·04
Channel Island Pasteurised ..	1,825	4·33
Tuberculin Tested Milk Pasteurised	9,246	21·93
Sterilised Milk	1,840	4·36
TOTAL	<u>41,597</u>	<u>98·66</u>
RAW MILKS		
Tuberculin Tested	548	1·30
„ „ Channel Island	15	0·04
TOTAL	<u>563</u>	<u>1·34</u>
TOTAL (all types) ..	42,160	100·00

The sales of Pasteurised Milk and Sterilised Milk again represented practically 99 per cent. of the total milk sold. Channel Island Milk Pasteurised sales are still increasing and amounted to 1,825 gallons daily. This milk must have a minimum milk fat content of 4 per cent.

Farm bottled Tuberculin Tested Milk was the only raw milk sold in the City, and the daily sales totalled 563 gallons or just over 1 per cent. of the total milk sold daily. 15 gallons of this milk was Channel Island Milk derived from one City farm. The whole of the Tuberculin Tested Milk was derived from five farms in the City and twelve farms in the adjoining areas of the West Riding of Yorkshire.

There were four licensed pasteurising dairies and one licensed sterilising dairy operating in the City during the year. Three of the pasteurising dairies were large concerns operating modern “ High Temperature Short

Time ” pasteurising machines. There was also a small plant of this type in use at another dairy, which was also licensed to pasteurise milk by the “ Holder ” method. This latter plant was not used during the year.

512 samples of Pasteurised Milk and Tuberculin Tested Milk Pasteurised were taken during the year. The Phosphatase Tests were all satisfactory. 500 samples satisfied the Methylene Blue Test. The Methylene Blue Tests on 12 samples (7 of Pasteurised Milk and 5 of Tuberculin Tested Milk Pasteurised) were declared void because the atmospheric mean shade temperature during the time of their storage at the examining laboratory exceeded 65°F.

19 samples of Tuberculin Tested Milk (Raw) were subjected to the Methylene Blue Test and one was unsatisfactory. Repeat samples taken from this producer gave satisfactory results.

The 54 samples of Sterilised Milk taken satisfied the Turbidity Test.

The Sterilised Milk sold in the City was processed at three dairies, two of which are outside Sheffield. The majority of this milk was sold in grocers’ shops.

Frequent checks were made at the pasteurising dairies to ensure that the Tuberculin Tested Milk received was from licensed Tuberculin Tested farms. Examinations were also made of the dairies’ records of incoming supplies and outward sales of this milk.

The whole of the milk supplied to school children was pasteurised.

Bacteriological Examinations of Milk.—Details of the various tests which were applied to Designated Milks during the year are given in the following statement :—

<i>Description of Milk</i>	<i>Nature of test</i>	<i>No. of samples submitted</i>	<i>No. of samples which were satisfactory</i>
Pasteurised Milk	Methylene Blue	268	261†
Pasteurised Milk	Phosphatase	268	268
Pasteurised Milk	Bacillus Coli	265	262*
Tuberculin Tested Milk (Pasteurised) ..	Methylene Blue	244	239‡
Tuberculin Tested Milk (Pasteurised) ..	Phosphatase	244	244
Tuberculin Tested Milk (Pasteurised) ..	Bacillus Coli	241	239*
Sterilised Milk	Turbidity	54	54
Tuberculin Tested Milk (Raw)	Methylene Blue	19	18

* No Bacillus Coli in a millilitre of the milk.
† 7 samples void—excess atmospheric temperature.
‡ 5 samples void—excess atmospheric temperature.

ICE CREAM

Bacteriological Examination.—58 samples of Ice Cream were submitted for bacteriological examination during the year.

The whole of the samples were subjected to the Provisional Methylene Blue Test for Ice Cream and the Bacillus Coli Test.

GENERAL SUMMARY

Total number of samples taken	*Methylene Blue Test			
	Grade 1	Grade 2	Grade 3	Grade 4
58	35	11	10	2

**Explanatory Note.*—In the provisional methylene blue test the grade classifications are as follows :—GRADES ONE and TWO—satisfactory. GRADE THREE— fair, capable of improvement. GRADE FOUR—unsatisfactory.

Total number of samples	Bacillus Coli Test	
	Satisfactory	Unsatisfactory
58	*23	35

* No B.Coli in one millilitre.

CLASSIFIED SUMMARY

HEAT-TREATED ICE CREAM

Methylene Blue Test				Bacillus Coli Test	
Grade 1	Grade 2	Grade 3	Grade 4	Satisfactory	Unsatisfactory
27	11	10	2	18	32

COLD MIX ICE CREAM

Methylene Blue Test				Bacillus Coli Test	
Grade 1	Grade 2	Grade 3	Grade 4	Satisfactory	Unsatisfactory
8	—	—	—	5	3

Chemical Analysis.—The standards of composition for Ice Cream, Dairy Ice Cream and Milk Ice are laid down in the Food Standards (Ice Cream) Regulations, 1959.

Ice Cream must contain not less than 5 per cent. fat and $7\frac{1}{2}$ per cent. milk solids other than fat.

Dairy Ice Cream, Dairy Cream Ice or Cream Ice must contain not less than 5 per cent. milk fat and no other fat, and not less than $7\frac{1}{2}$ per cent. milk solids other than fat.

Milk Ice must contain not less than $2\frac{1}{2}$ per cent. milk fat and not less than 7 per cent. milk solids other than fat.

It is illegal for ice cream of any description to contain any artificial sweetener.

The Labelling of Food (Amendment) Regulations, 1959, stipulate that from November, 1959 it is an offence to sell or offer or expose for sale any pre-packed ice cream which contains any fat other than milk fat unless the wrapper bears a statement that the ice cream “contains non-milk fat.” If the fat is vegetable fat the statement can be “contains vegetable fat.”

During the year 96 samples of Ice Cream, 14 samples of Dairy Ice Cream and 2 samples of Milk Ice were taken.

The average fat content of the 96 ice cream samples was 8·95 per cent. and the fat content of the samples varied from 4·45 per cent. to 13·56 per cent. One sample, with a fat content of 4·45 per cent., resulted in the manufacturer being prosecuted and a fine of £2 10s. 0d. and £2 costs were imposed.

The average milk fat content of the 14 samples of dairy ice cream was 9·62 per cent. and varied from 5·65 per cent. to 12·30 per cent. It was found necessary to issue warnings in respect of 2 samples of dairy ice cream which were described as “double dairy” ice cream, and on analysis were found not to contain double the milk fat content of dairy ice cream.

The average milk fat content of the 2 samples of milk ice was 3·95 per cent.

BACTERIOLOGICAL EXAMINATION OF OTHER FOODS

6 samples of Soft Drinks were submitted for bacteriological examination.

MEAT INSPECTION BYELAWS

These byelaws were made under the Sheffield Corporation Act, 1937. Their effect is to require meat from areas outside the City, when brought into the City for sale, to be first taken to the Corporation Abattoir for inspection. The Food Inspectors are continuously keeping under observation the meat exposed for sale in shops and the meat in food preparation premises to ensure that it has not escaped proper inspection.

MERCHANDISE MARKS ACT, 1926

The various orders made under the above Act require the marking on exposure for sale, with an indication of origin, of certain imported foodstuffs, including apples, butter, tomatoes, meat, bacon and ham, dried fruit, eggs, oat products and poultry. Local Authorities are required to enforce the provisions of the Act and its orders. In connection with this work the Food Inspectors made 174 visits.

PHARMACY AND POISONS ACT, 1933

Premises on Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List (at 31st December, 1959) ..	636
Premises added to the list of persons during the year	42
Number of routine visits and inspections in the year 1959	99

THE HYDROGEN CYANIDE (FUMIGATION OF BUILDINGS) REGULATIONS, 1951

Fumigation of Food Premises with Hydrogen Cyanide.—One flour mill was fumigated by Hydrogen Cyanide during the year. The fumigation was carried out to keep in check the infestation by grain pests which is endemic in all flour mills and associated warehouses.

Before releasing for use, four samples were taken of the foodstuffs which were in the premises during the fumigation, and these were analysed to ensure their freedom from hydrogen cyanide. All the samples were satisfactory.

FERTILISERS AND FEEDING STUFFS ACT, 1926

14 samples of fertilisers were taken during the year.

The results of the analyses are listed below and the action taken in regard to the samples reported as unsatisfactory is also given.

<i>Article Sampled</i>	<i>Formal Samples</i>		<i>Informal Samples</i>	
	<i>Satis- factory</i>	<i>Unsatis- factory</i>	<i>Satis- factory</i>	<i>Unsatis- factory</i>
General Fertiliser	—	—	5	1
Plant Food	—	—	1	—
Liquid Manure	—	—	—	1
Hoof and Horn Meal	—	—	1	—
Chrysanthemum Fertiliser	—	—	—	1
Soluble Blood	—	—	1	—
Bone Meal	—	—	1	—
Lawn Conditioner	—	—	1	—
Organic Garden Fertiliser	—	—	—	1
TOTALS	—	—	10	4

Action taken in respect of unsatisfactory samples

General Fertiliser.—This sample was deficient in Soluble Phosphoric Acid and in Insoluble Phosphoric Acid and contained an excess of Nitrogen and of Potash. The manufacturers were informed, and as a result all future consignments of this product will be analysed before despatch.

Chrysanthemum Fertiliser.—This sample was slightly deficient in Soluble Phosphoric Acid and contained an excess of Insoluble Phosphoric Acid and of Potash. The manufacturers were notified, but they were unable to account for the discrepancies. Future consignments will be thoroughly checked before despatch.

Organic Garden Fertiliser.—This sample was deficient in Soluble Phosphoric Acid and contained an excess of Insoluble Phosphoric Acid. This deficiency and excess of Phosphoric Acid was probably due to “reversion.” The manufacturers were informed, and all stock was withdrawn from sale.

Liquid Manure.—This sample was slightly deficient in Nitrogen. It was a bottled product of old stock. The remainder of the stock was withdrawn from sale.

FOOD HYGIENE

The Food Hygiene Regulations, 1955, stimulated the public's interest in clean food, and there is evidence of this in the frequent requests for information both by the public and food traders. The Food Inspectors are constantly on the watch whilst carrying out their other duties to see that the Regulations are complied with. Particular attention is paid to the sale of food from mobile shops and the applicable requirements of the Food Hygiene Regulations are enforced.

The Superintendent Food and Drugs Inspector gave a number of lectures and talks on hygiene in food to food trade associations, licensed houses staff courses, domestic science students, nurses, community associations and to the staffs of food firms.

GENERAL SUMMARY OF WORK OF FOOD AND DRUGS SECTION FOR THE YEAR 1959

Visits

Number of visits made by the Food Inspectors—

To Markets and Food Premises	..	..	..	..	..	8,895	
To Butchers' Shops	..	..	..	..	..	248	
To Wet Fish Shops	..	..	..	..	..	73	
To Horseflesh Shops	..	..	..	..	..	51	
<i>Re</i> Merchandise Marks Act	..	..	..	..	..	174	
<i>Re</i> Milk and Dairies Regulations	..	..	..	..	..	57	
<i>Re</i> Pharmacy and Poisons Act	..	..	..	..	..	99	
						<hr/>	9,597

Sampling

Number of samples taken—

Food and Drugs Act, 1955—for analysis by Public Analyst	..	1,394
Milk samples informally examined by Food and Drugs Inspectors		250
Ice Cream—for bacteriological examination	.. ..	58
Food for bacteriological examination	.. ..	6
Fertilisers and Feeding Stuffs Act—for analysis by Analyst	..	14
Hydrogen Cyanide Regulations—foodstuffs after fumigation	..	4

Designated Milk samples—for bacteriological examination—

Pasteurised..	.. ..	268
Tuberculin Tested Milk (Pasteurised)	.. ..	244
Sterilised	.. ..	54
Tuberculin Tested Milk (Raw)	.. ..	19
		<hr/>
		585
		<hr/>
		2,311

Meat Inspection

Number of pigs inspected	.. ..	2
TOTAL WEIGHT OF ALL UNFIT FOOD CONDEMNED—71 tons, 3 cwts., 3 qrs., 23 $\frac{3}{4}$ lbs.		

MEAT INSPECTION

By G. WHITELEY, M.A.P.H.I., M.R.S.H.

Superintendent Meat Inspector

“ By a small sample we may judge of the whole piece.”

—Miguel de Cervantes (Don Quixote).

Corporation Abattoir.—The carcase of every animal which is slaughtered for food at the Corporation Abattoir is examined by a qualified meat inspector, and any carcase suspected of being diseased is taken to the detention room for a final inspection. Inspections are also made of the animals whilst they are in the lairages awaiting slaughter. Any which are suspected of being diseased are taken to an isolation slaughterhall, where they are slaughtered and dressed in order that they may have no contact with the healthy animals. The Ministry of Agriculture, Fisheries and Food are at once informed of any instance where an animal is suspected as suffering from a notifiable disease.

271,114 animals of all kinds were slaughtered and inspected at the abattoir during the year, as against 249,881 in 1958. 267,305 of them were slaughtered by electrical or mechanical stunning as against 246,902 in 1958. Oxen and calves are stunned by captive bolt pistol, sheep and pigs by the use of electrically-charged stunning tongs. The table which follows gives details regarding all animals which were slaughtered and inspected in the City in the year 1959.

TABLE XXIX.—Animals slaughtered and inspected in the City in the year 1959

<i>Where Slaughtered</i>	<i>Oxen</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
Abattoir Main Slaughterhalls ..	48,594	2,722	125,842	90,032	—	267,190
Do. (Jewish Method)	800	—	2,280	—	—	3,080
Do. (Mohammedan method) ..	—	—	729	—	—	729
Isolation Slaughterhall	60	9	33	13	—	115
Totals (Abattoir)	49,454	2,731	128,884	90,045	—	271,114
Totals (Private Slaughterhouses)	—	—	—	—	148	148
Grand Totals	49,454	2,731	128,884	90,045	148	271,262

Of the 271,114 animals slaughtered and inspected in the City in the year 1959, there were 896 whole carcasses found to be in a diseased condition and condemned, and a further 61,659 carcasses, some part or organ or part organ of which was condemned. In the following table are given further particulars relating to carcasses which were condemned, and separate information is shown in regard to carcasses which were affected with tuberculosis or cysticercosis.

TABLE XXX.—Carcases and Offal inspected and condemned, in whole or in part, in the City during the year 1959.

<i>Class of Animal</i>	<i>Oxen</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Horses</i>	<i>Total</i>
Number killed and inspected ..	49,454	2,731	128,884	90,045	148	271,262
<i>All diseases except Tuberculosis and Cysticerci—</i>						
Whole carcasses condemned ..	52	27	522	151	—	752
Carcasses of which some part or organ or part organ was condemned	26,777	7	17,515	9,893	25	54,217
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	54·25	1·24	13·99	11·15	16·89	20·26
<i>Tuberculosis only—</i>						
Whole carcasses condemned ..	111	1	2	28	1	143
Carcasses of which some part or organ was condemned ..	6,636	3	2	770	—	7,411
Percentage of the number inspected affected with tuberculosis	13·64	0·15	0·00	0·89	0·68	2·78
<i>Cysticercosis—</i>						
Carcasses of which some part or organ was condemned ..	31	—	—	—	—	31
Carcasses submitted to treatment by refrigeration	31	—	—	—	—	31
Generalised and totally condemned	1	—	—	—	—	1

TABLE XXXI.—Total weight of Meat found unfit for Human Consumption in the Animals Slaughtered and Inspected in the Year 1959.

	MEAT								OFFALS								TOTALS			
	<i>Affected with Tuberculosis</i>				<i>Affected with other diseases</i>				<i>Affected with Tuberculosis</i>				<i>Affected with other diseases</i>							
	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>	<i>T.</i>	<i>C.</i>	<i>Q.</i>	<i>L.</i>
Cattle ..	29	17	—	19	14	7	1	17	79	1	2	9	158	11	1	17	281	17	2	6
Calves ..	—	—	1	25	—	12	2	18	—	—	2	—	—	5	2	5	—	19	—	20
Sheep ..	—	—	3	27	11	7	3	26	—	—	3	3	25	16	—	22	37	5	3	22
Pigs ..	6	—	2	20	10	13	3	26	1	15	—	10	23	13	2	24	42	3	1	24
Horses ..	—	8	1	26	—	—	1	8	—	1	1	4	—	3	1	—	—	13	1	10
TOTALS ..	36	7	3	5	37	2	1	11	80	19	—	26	208	10	—	12	362	19	1	26

T—Tons. C—Cwts. Q—Qtrs. L—Lbs.

The proportion of meat affected with tuberculosis, though fluctuating from year to year, shows a favourable trend which is paralleled by the fall in the number of cattle slaughtered under the Tuberculosis Order.

TABLE XXXII.—Percentage of Carcases of Oxen, Calves and Pigs inspected and found to be affected with Tuberculosis, 1950-1959.

Year	OXEN		CALVES		PIGS		TOTAL		Cattle slaughtered under T.B. Order
	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	No. inspected	% affected with T.B.	
1950 ..	36,246	23·67	3,686	0·65	10,554	3·24	50,486	17·72	79
1951 ..	38,649	18·88	4,271	0·52	18,791	3·67	61,711	12·98	70
1952 ..	32,274	15·57	5,333	0·56	31,631	3·67	69,238	8·98	33
1953 ..	36,464	16·76	3,741	0·51	41,819	4·09	82,024	9·56	30
1954 ..	46,433	19·30	8,500	0·22	69,750	2·68	124,683	8·70	29
1955 ..	44,226	20·32	6,927	0·16	88,736	1·90	139,889	7·85	24
1956 ..	47,565	18·06	9,136	0·15	90,888	1·69	147,589	6·87	18
1957 ..	56,308	14·66	6,033	0·10	94,984	1·37	157,325	6·08	6
1958 ..	54,301	14·82	3,724	0·13	96,112	0·93	154,137	5·81	3
1959 ..	49,454	13·64	2,731	0·15	90,045	0·89	142,230	5·31	4

Private Slaughterhouses.—At the special Horse Slaughterhouse at the Corporation Abattoir, 148 horses were slaughtered during the year. All the meat was inspected.

Cysticercus Bovis.—31 carcases were found to be affected with localised infestation and one carcase with generalised infestation. Where the infestation is localised, the carcase is put into cold storage for three weeks and then checked out and passed as fit for human consumption. If, however, the condition is found to be generalised, the whole carcase and all the offal are rejected and destroyed.

Meat Inspection Byelaws.—By a local byelaw, it is a requirement that all meat from animals killed outside the City and which is for sale for human consumption in Sheffield, excepting salted or frozen meat or meat bearing the official stamp of the Minister of Health, must be brought to the Sheffield Corporation Abattoir for inspection. Particulars of the meat which was so brought to the abattoir in 1959 are as follows :—

				Number	Weight			
PIGS—					Tons	Cwts.	Qtrs.	Lbs.
Carcases	..	..		6,788				
Sides	..	..	..	1				
Legs	..	..	..	—	87	5	—	6
Plucks	..	..	..	3,597	19	5	1	11
Meat and Offals		..		—	84	—	—	18
CATTLE—								
Carcases	..	..		34				
Sides	..	..	..	200				
Quarters	..	..		64	4	2	3	21
Meat and Offals		..		—	6	5	2	15

				Number	Tons	Weight		
CALVES—						Cwts.	Qtrs.	Lbs.
Carcases	..	..		193				
Offals	..	..	..	—	—	—	1	—
SHEEP AND LAMBS—								
Carcases	..	..		7,633				
Offals	..	..	..	—	11	13	3	11

Of the above meat, inspected as required by the byelaws, a total of 1 ton 6 cwts. 1 qr. 23 lbs. was found to be unfit for human consumption.

In addition, the total weight of meat imported from outside the country found unfit for human consumption was 15 tons 12 cwts. 2 qrs. and 4 lbs.

Export Meat Trade.—Beef casings from the Abattoir and horse casings from the Horse Slaughterhouse were exported to the Continent during the year. Certificates of inspection were issued as required.

Disposal of Condemned Food.—All meat found on examination to be unfit for human consumption is disposed of in the By-Products Plant at the Corporation Abattoir by processing into animal feeding meals, fats, etc.

Diseases of Animals Acts (Non-Veterinary Functions).—A full account of the part played by the Public Health Department in the detection and control of diseases of animals was given in the report for 1957. A summary of work during 1959 is given on page 143.

HEALTH EDUCATION

By F. ST. D. ROWNTREE, M.R.I.P.H.H., M.I.P.R.

Health Education Organiser

“ An ancient custom is hard to break and no one is willing to be led further than himself can see ”.

—Thomas A. Kempis (Imitatio Christi).

Health Education is a rapidly growing academic and practical discipline which now plays an increasingly important part in the preventive work carried out by the Public Health Department. Health Education has grown and will continue to grow, because Public Health cannot progress without the maximum support and co-operation of an informed public. It has become a vital and necessary part of the Public Health Service and, in future, will be one of the main ways of achieving and maintaining high standards of individual and community health.

The World Health Organization has defined health as a “ state of complete mental, physical and social well being with a zest for living ” and education as “ leading into knowledge ”. Health Education could, therefore, be regarded as a “ leading into knowledge of mental, physical and social well being ”. This definition, however, does not go far enough, for it is not what we know that matters but what we do.

The importance of Health Education in the life of the community has been recognized at high level, and it has been said that public health in Britain has passed the stage when applied sanitation and administrative methods can be used to raise health standards of the community further. Instead, the time has come when each individual must take responsibility for helping to prevent the minor mishaps and maladies which cause much of the sub-health of today. Without education in health, the individual, however willing, may not be competent to undertake those activities which he must provide if he is to achieve a state of complete and positive health and well being.

The Health Education carried out in the Department is not just concerned with supplying, for mass consumption, existing or new medical and scientific information ; a concrete knowledge of the facts of health is less important than a high degree of interest in, and the right attitudes to, a healthy way of life. Whilst the provision of facts is, nonetheless, important, it is the attitudes and drives which motivate our behaviour which are of the greater value.

The aims of the health education programme carried out by the Department may briefly be summarised as follows :—

- (i) To produce in the individual attitudes towards health and healthy living so that a state of positive health is looked upon as a natural and achievable right.
- (ii) To provide knowledge of the working of the human organism both individually and socially, to give an understanding of its needs under normal and special circumstances.
- (iii) To provide an understanding of the working of the local health authority, its purposes and aims, and to secure active sympathy and co-operation at all levels of the community.

Health Education as an academic discipline represents the sum of all influences which favourably affect the attitudes and habits in the community with the above aims in view. Certain aspects of health education require continuous special attention. Parentcraft, Mental Health, Clean Air, Food Hygiene, and Home Safety can be numbered amongst these.

Administratively, the Health Education Service forms a bridge between the Public Health Department who are the producers of the local health services, and the public who are the consumers. The content of the fully developed programme will be as wide and varied as the sum of human activity and is not limited to personal health services alone ; it includes every aspect of personal, family and communal well being. Health is a vital concern to all of us at whatever age or stage we may be, and in every aspect of our daily lives, and it can be said that everything mankind undertakes has some bearing on the health of himself and others. The Health Education programme offered by the Department must have facets which reflect every aspect of human interest and endeavour.

One of the main problems is to provide material and information which is capable of being understood by all sections of the community. Knowledge can bring understanding, which is our main weapon in overcoming fear and apathy. Correct information will also discredit half truths and fallacious ideas which are still all too prevalent. In many instances involved technical information is now necessary, which may be beyond the range of some sections of the public. Presenting information and health ideas in such a way that they are palatable and easily assimilated is one of the main problems of those taking part in the programme. Indeed the difficulty of communication is an outstanding one in society today, when we so often know what someone has said but do not know what that person really meant.

For this reason, facts alone are not enough. Factual information must be coupled with ideas which form the basis for the creation of the attitudes and practices conducive to healthy living.

For many years staff engaged in both the personal and environmental health services have carried out extensive health education during their day to day contacts with the public. This work has mainly been of an informal character although, in recent years, there was a considerable increase in the number of meetings arranged for community groups and organizations in various parts of the City ; lectures, film shows and discussions on health topics were provided. By 1958 it had become apparent that there was need for a formally established Health Education Service which could promote and co-ordinate the educational work carried out by officers of all sections, and which could take its place with the remainder of the services offered by the Public Health Department.

In May, 1959, a full time Health Education Organiser was appointed whose duties include the organization and development of the service, the production of health teaching material and the provision of assistance and training in the use of the methods and media available, to all persons able to make a contribution to the programme. In addition the Health Education Organiser takes an active part in the programme of lectures and discussions arranged.

One of the first things which became apparent after the establishment of the service was the need for premises which could be adapted for use as a Health Education Centre. As well as office accommodation facilities are necessary for the production and storage of teaching materials required. Amenities built up since the Centre opened include a Technical Section with workshop, dark room and studio accommodation where audio-visual aids and exhibition materials are created. There is also a lecture and preview room for the in-service training of staff in the use of materials and techniques of health education. These facilities are also used for refresher courses. Other services include a permanent library of sound films and film strips ; " special material " reference collection ; a cross indexed reference collection of teaching materials including visual aids, background information, notes and leaflets, poster charts, etc., source lists, special prototype displays and a library and information service. There are also facilities for the production of cine films, film strips and sound recordings.

The progress made to date in the establishment of the Health Education Service reflects the high degree of support and co-operation offered by all administrative and professional sections of the Public Health

Department, and is an indication of the importance they attach to health education. Without this wholehearted support and co-operation of all officers, such strides as have been made would not have been possible.

WORK OF THE HEALTH EDUCATION CENTRE

The Health Education Centre provides a focal point from which the Health Education activities of the Department can be organized, and contacts established with the individuals and community groups able to benefit from the facilities offered. There has been rapid progress in this field and there is an increasing number of requests for lectures, film shows, demonstrations and discussion groups. In many cases, first contacts are followed by requests for courses of talks and films on general and specific health topics.

As a supplement to the lectures and discussion programme, posters and leaflets are provided, which are useful in creating a background climate of information and interest. Arrangements have been made to supply new poster topics at monthly intervals to the Department's premises in all parts of the City. At the same time, leaflets on related subjects are made available. This regular change over of posters helps to stimulate and awaken interest in each new topic. The standardization of the display also enables maximum impact to be achieved as a result of continued contact by the public with the material. In view of the importance attached to this form of propaganda, a survey of the display facilities available at premises, particularly clinics and welfare centres, has been instigated and special units are being designed and constructed to meet the needs of the various sites. Since inception of this part of the programme, additional requests have been received from outside organizations who are included in the poster campaign.

The production of visual aids was also commenced. These were mainly for the use of staff undertaking work in ante- and post-natal education. Other material was prepared in connection with the Clean Air Campaign and is referred to in detail later. Though a considerable amount of excellent health teaching aids is available from national organizations, it is necessary to produce material with a purely local application, and it is anticipated that this aspect of the work of the Health Education Centre is likely to grow in the future.

In addition to arranging a programme of Health Education for special groups of the general public, one of the main functions of the Health Education Centre is the provision of background information, notes,

visual aids and general in-service training for the professional members of the staff of the Public Health Department, who are able to carry out Health Education in their day to day work. It is hoped that it will be possible to expand this work in the future to include professional workers not on the staff of the Public Health Department who are able to make a contribution to the work of educating the public in health matters. The in-service training is provided by means of lectures, study groups, film previews and evaluation sessions, a library and general information service.

As a supplement to the in-service training, the production of a special “ Health Education and Information Bulletin ” was commenced towards the end of the year. This “ Bulletin ” contains general information on the work of the Department, newly available visual aids and techniques, plus a special supplement devoted to one specific health topic each month, and containing up to the minute background information on the subject and methods of teaching.

Visits by members of staff to the Health Education Centre and reciprocal visits by the Health Education Organiser to sections of the Department in various parts of the City also take place regularly, and are a useful means of stimulating interest and activity.

ENVIRONMENTAL HEALTH

A considerable amount of health education is given by officers of the Public Health Inspectorate as part of the routine work of inspection, and reflects the changing character of their functions. The Public is becoming increasingly aware that the Public Health Inspector is a highly trained and informed health specialist who is more concerned with the prevention of public health problems than the mere enforcement of the law.

During visits to shops, factories, food preparation and sales premises, dwellinghouses, etc., discussions take place with individual proprietors of businesses, and groups of employees on all types of health problems. These include : “ Prevention of Infection ”, “ Housing Conditions,” “ Food Hygiene ”, “ Water Supplies ”, “ Drainage ”, etc. These discussions are a valuable part of the work of educating the public in environmental health matters. In addition, members of the Inspectorate provide lectures and film shows for groups of the general public. They also take part in the training of other professional workers.

CLEAN AIR

Over many years, considerable informal educational work has been carried out by the officers of the Smoke Inspectorate. The control of atmospheric pollution has also been a problem occupying the minds of many of Sheffield's leading citizens for a long period before the Clean Air Act, 1956. Records dating back to the early days of the 19th Century give some indication of the high level of interest in the subject and the City has always been to the fore in promoting smoke abatement and later "Clean Air". The interest has increased with the passing of time, and it was against this background that an intensive educational campaign was arranged during the latter half of 1959. The campaign was timed to precede the first Smoke Control Order which became operative in December, 1959.

It was decided that the campaign should be as widespread as possible and should be aimed at :—

- (a) Imparting information on the causes and effects of atmospheric pollution.
- (b) Showing measures which were being taken to combat them.
- (c) Showing the general public how they could co-operate.
- (d) Drawing Civic attention to the historic importance and social significance of the first Smoke Control Orders.

These aims were to be achieved by means of a generalised propaganda drive and by a large exhibition undertaken in co-operation with the principal fuel industries. The following is a brief summary of the steps taken in the project.

Enquiries were made throughout the City to organizations it was felt would be able to assist. Preliminary information was given to the Press at a conference held some weeks before the commencement of the campaign. Requests for co-operation were also sent to all Chief Officers of the Corporation and evoked a wholehearted response. Support was given in the distribution of literature and the display of posters both within Corporation Departments for the benefit of the staff and, in certain instances, to the public. The City Treasury, City Library and Education Department were particularly helpful in this latter respect.

The Public Health Department carried the main brunt of the campaign. All premises displayed visual material and arranged to circulate literature. Special briefing meetings were held for all officers from the Department who introduced the topic of "Clean Air" into their discussions with the

public. Voluntary organizations were circularised and an offer made of propaganda material, lectures and film shows. An invitation was also extended to them to send representatives to the Inauguration of the Campaign and the Exhibition held in November.

Media.—Wide use was made of all forms of propaganda media both personal and impersonal. Extensive display of posters took place, and Clean Air literature of many different kinds was distributed through every available channel. Notices were also used on vehicles of the Health Department, fuel industries and Corporation 'buses. Films were shown at special meetings arranged in all parts of the City and throughout the course of the Exhibition. Lectures and demonstrations were also provided both at the Exhibition and at meetings of community organizations.

Inauguration of Campaign.—The campaign was inaugurated at a meeting in the City Hall by Dr. the Rt. Hon. Edith Summerskill, M.P., following a Civic Luncheon. The Ceremonies were attended by the Lord Mayor and representative leaders of the political, religious, social and cultural life of the City. Cables and telegrams of congratulation were received from as far afield as Pittsburgh, U.S.A.

Clean Air Exhibition.—Following the inaugural ceremonies the opening of the Clean Air Exhibition took place. It had been decided that as the main benefit of the Clean Air Programme would be experienced by the Citizens of the Future, one of their representatives should play a key part in the opening, and a six year old child was chosen to undertake the task. She therefore declared the Exhibition open with the following words—"On behalf of the Future Citizens of Sheffield, I declare the Clean Air Exhibition open".

The principal exhibits were provided by the Public Health Department, electricity, gas and solid fuel industries, and gave information on the causes and problems arising from atmospheric pollution, showing various ways that were being used to combat it. Visitors had an opportunity of comparing different types of heating and cooking appliances.

The Exhibition was open each day on weekdays for a period of two weeks and, in all, was attended by some 20,000 persons.

The general campaign reached its peak during the period of the Exhibition, and at this point all out efforts were made to draw the attention of the public to the forthcoming City-wide programme. Considerable news and publicity coverage was provided by the press, radio and television, all of which was of invaluable assistance.

Evaluation of Campaign.—It is often difficult to assess the value of a campaign of this type, other than by the changed attitudes and behaviour of the general public. All too often the figures of visual material distributed, lectures given or the number of visitors entering the Exhibition are the criteria of achievement. These of course cannot be accepted as scientific evidence of success or failure. Evaluation in this instance was carried out by means of questionnaires given to the public. The questioning took place in various localities throughout the City and at the Exhibition. Initially, the general attitude to conversion of household appliances had been one of apathy or mild hostility, there had also been criticisms on the grounds of personal expenditure or on the grounds of erroneous ideas, for instance, that open fires would be banned or that the approved fuels would be more expensive and difficult to burn. As the campaign proceeded, particularly during the time of the Exhibition, there was a distinct change in favour of conversion of household appliances. An analysis of the questions asked of members of the staff of the Exhibition, showed that more than 75% of the people were eager to know when their area could become a Smoke Control Area. This question was also asked by the public in various parts of the City who were questioned in their own neighbourhood.

Suppliers of smokeless, domestic appliances and fuels, said that there had been a very sharp rise in the sale of approved appliances, and requests for information concerning conversion, not only in the area associated with a Smoke Control Zone, but from all parts of the City, and that undoubtedly the Clean Air drive had been responsible for the increase in demand.

Follow-up Campaign.—The campaign will continue at low intensity until the completion of Smoke Control Orders throughout the City. As new areas are established the campaign pressure will be increased within the specific localities due to be scheduled, with a view to hastening the process of conversion of domestic appliances. When City-wide Orders have come into effect, low intensity “ reminder ” work will be carried out.

The whole campaign received wide publicity in both the local and national press. Detailed accounts were published in many of the Public Health and allied professional Journals. A number of requests for the detailed report were also received from overseas countries and the World Health Organization.

PERSONAL AND FAMILY HEALTH

The Midwives, District Nurses and Health Visitors all visit the homes of the public as part of their day to day work. During these visits individual advice and health teaching are given. In all cases the “nurse” enters the home as an invited guest and friend, and usually when there is some problem present. For this reason the advice and information is more readily received and acted upon, and may result in a permanent change of attitudes or practices.

The contribution of the Health Visitor is particularly important as Health Education is a basic part of their functions, particularly with mothers and young children, both in the home and at the clinics and welfare centres. In addition to this the Health Visitor is also concerned with such diverse problems as “Tuberculosis”, “Care of the Aged”, “Follow-up of infectious diseases”, “Problem Families”, “Home Safety”, etc., During all these varying duties, every advantage is taken for health teaching.

Mothercraft Teaching.—During 1959 mothercraft classes were held at 7 Maternity and Child Welfare Centres, on one afternoon each week. In all a total of 451 classes were given during the year which were attended by 864 people. The classes consisted of talks to expectant mothers on diet, layette, personal and oral hygiene, matters referring to the birth of the baby and preparation of the home for confinement, breast feeding and management of the baby ; relaxation classes were also held. There have also been classes for mothers of young children and the subjects dealt with included : “Baby’s Daily Routine”, “Care of Baby’s Skin”, “Rest and Exercises”, “Breast and Bottle Feeding and their Problems”, “Vaccination and Immunisation including B.C.G. Vaccination”, “Baby’s Mental and Physical Development”, “Safety in the Home”, “Choice of Footwear”, “Growth of Personality”, “Problems of Discipline”, “Attitudes of Parents to Children”, “Choice of Toys and Play”, “Minor Physical Upsets”, and “Nursing of Children with Infectious Diseases”.

Films, film strips and other visual aids were used as part of the course of instruction.

A standardised syllabus of ante-natal education has been prepared and will be brought into operation gradually at the various centres. Ways of providing opportunities for teaching mothers-to-be who attend temporary clinics, where conditions are not suitable for group work, are also being investigated and it is hoped that in the future, it will be possible to offer this service universally. Further details regarding attendances at mothercraft classes is given on page 56.

Evening Parentcraft Classes.—It has long been recognized that the father has an important contribution to make to the well being of the family unit, especially during his wife's pregnancy and in the all important early years of the child's life.

Most fathers-to-be, particularly those undergoing the experience for the first time, quite naturally have many anxieties for their wives both before and during the confinement. This is unhelpful to both parents and it was decided that opportunities should be provided for fathers-to-be to meet the medical, nursing and midwifery staff who were available to help during and after the confinement, with a view to eliminating anxiety and providing any information which might be required. It is well known that as a result of lack of knowledge or misunderstanding of the mental, emotional and physical development of children, many of the pleasures of parenthood are blunted. By meeting the medical and nursing staff in an informal atmosphere, and in the company of other parents-to-be, opportunities are available to disperse any of the anxieties which may be present, and at the same time to build up a confident and warm personal relationship with the members of the Maternity and Child Welfare Service.

In the first instance, two evening meetings were arranged during the period of the normal ante-natal courses. At these meetings, appropriate films were shown, followed by discussion covering the subject of childbirth and the early development of the child. These arrangements were very successful and resulted in requests for regular meetings on various aspects of child care and development and led to the formation of a Parents' Club. Meetings are held on one evening each month, at which various specialists in child care give talks and lead discussions on a wide range of subjects. At many of the meetings of the Parents' Club, grandmothers and other adult relatives have asked whether they could attend, and they have commented on the usefulness of the meetings. At all the meetings, the direct contribution of both parents to the well being of the child is emphasised and the essentially masculine contribution of the father is stressed. This is considered to be important as in recent years there has been a tendency to teach fathers the art of mothercraft, i.e. bathing and feeding routine, which are essentially maternal functions. It is realised that the role of the father should not become that of mother substitute, but that his efforts should be aimed at assisting his wife rather than taking over her duties. It is of interest to note that at almost every meeting, whether of ante-natal parents or of the Parents' Club, the opinion has been expressed that education for family living should not be left until the first child is due, but that it should be a part of a normal educational programme before marriage.

Accident Prevention.—During the latter part of the year, a special “ Home Safety ” campaign was carried out at clinics and welfare centres. Displays and demonstrations, film shows and lectures were arranged, and literature distributed. Special mention was made during routine health education of the importance of accident prevention measures.

The subject of “ Home Safety ” is basic in the health education programme and education is carried out at low intensity throughout the year. Unfortunately there is still too much of the “ it couldn’t happen to me ” attitude present in all sections of the community and there is insufficient sense of urgency about the problems, and education must continue indefinitely. The inadequate provision and use of suitable fireguards is a matter of great concern and one which receives continuous attention. (See page 53).

Mental Health.—The incidence of mental disorder and mental breakdown continues to increase. It is a cause of serious concern to realise that today, approximately one half of the country’s hospital beds are occupied by patients suffering from mental illness of one form or another. The accumulated stress and complexity of modern life plays a large part in the increase of psychosomatic conditions, many of which could be avoided.

An emotionally secure childhood, coupled with a balanced healthy outlook in adult life is the best defence against mental breakdown, and increasing attention is being paid to the education of parents in the emotional needs of children. Human warmth, love and understanding are the most important gifts that can be given to a child, and are of greater and more lasting value than the most expensive toy. An important contribution to the understanding of these needs is being made in the educational work carried out by the Maternity and Child Welfare Service as a routine part of their work.

Fear of mental illness often leads to delay in seeking skilled advice and treatment should this become necessary. By making more widely known the facts of mental illness and by removing the stigma so often associated with it, much of this fear could be resolved and unnecessary suffering avoided.

Increase of mental illness and breakdown is not limited to this country alone. In view of the need for widespread action, 1960 has been declared World Mental Health Year, during which time efforts will be made to stimulate further research and more understanding of the subject by educational programmes for both professional workers and the general public.

Dental Health.—During the past few years, the incidence of dental decay amongst young children has increased at a steady rate. This rise bears direct relationship to the increase in the amount of refined sugar imported into the country, which is consumed in ever greater quantities in the form of sweets and other “goodies”, all of which are easily broken down by bacteria in the mouth to form acids responsible for caries. By avoiding the consumption of these foods, particularly between meals or last thing at night, and by regular use of the toothbrush, considerable improvement in the dental condition of children can be made.

Improved oral hygiene from an early age, together with a reduction in the quantities of fermentable carbohydrates consumed particularly between meals, could effect considerable improvement in the standard of dental health. The main problem is to make both children and adults realise that teeth matter. Many people are unaware of the importance of “Baby Teeth” on future oral health. Educational efforts must be directed at all persons having responsibility for the care of young children, for the first steps to promote life long dental health must be taken from birth.

Training of Nurses and Students.—A scheme is in force whereby medical and social science workers are given information on the work of the Public Health Department. Other visits, talks and discussions are arranged for various students on health subjects relating to their professional studies. Members of staff also take part in courses of training provided for all types of medico-social, nursing and other professional workers. This is done by means of lectures and discussions. Visits of observation and discussions are also arranged for individual visitors from both home and overseas.

LECTURES AND FILM SHOWS

In addition to the individual education carried out as part of the routine duties and courses of mothercraft conducted in child welfare centres, officers from all sections of the Department undertook lecturing and conducted discussion groups among organizations throughout the City. Many of these were out of normal duty hours. In addition, a total of 329 film screenings took place, 170 of which were devoted to “Clean Air”.

PUBLIC RELATIONS

Over the years, the Public Health Department and its officers have built up excellent relationships with the press, organizations, individuals and the public at large throughout the City. This is particularly true of those sections of the community which had occasion to call upon the Department for assistance and advice. By making the services available more widely known to the remainder of the community and by providing an insight into the problems of community health, these relationships will

be enhanced still further and will lead to a more active co-operation in advancing the standards of community health and well being. Concern about health is not just a matter for the professional workers, but one that affects everyone within the community.

METEOROLOGY

“Thank heavens, the sun has gone in, and I don’t have to go out and enjoy it.”—Logan Smith (All Trivia, Last Words)

TABLE XXXIII.—Meteorology during 1959. Records taken at Weston Park (430 feet above sea level)

<i>Week ended</i>	<i>Mean Barometer Corrected</i>	<i>Air Maximum Mean Daily Temperature</i>	<i>Air Minimum Mean Daily Temperature</i>	<i>Grass Mean Daily Temperature</i>	<i>Soil 1 foot Mean Daily Temperature</i>	<i>Soil 4 feet Mean Daily Temperature</i>	<i>Total Rainfall for the week (inches)</i>	<i>Mean Daily Sunshine (hours)</i>
Jan. 3rd	28·48	45	38	30	40·5	44·4	1·33	0·3
10th	29·82	35	30	24	35·9	43·7	1·20	3·2
17th	29·83	38	27	19	34·4	42·3	0·41	2·3
24th	29·45	45	38	31	35·4	41·3	1·11	1·1
31st	30·49	43	31	24	34·4	40·9	0·05	3·0
Feb. 7th	30·56	37	33	29	34·1	40·1	—	0·2
14th	30·52	40	32	31	35·2	39·7	0·01	—
21st	30·62	51	38	30	38·3	39·9	0·06	2·8
28th	30·20	55	44	36	41·7	40·6	0·01	4·1
Mar. 7th	29·55	52	42	35	42·8	41·7	0·77	1·5
14th	29·96	48	38	35	41·7	42·4	0·21	1·8
21st	30·30	45	38	36	42·0	42·8	0·04	2·3
28th	29·93	54	40	34	42·9	42·9	0·29	4·4
April 4th	29·99	56	43	37	45·2	43·5	0·23	1·8
11th	29·40	51	39	35	45·1	44·5	0·64	4·8
18th	29·67	58	47	43	48·5	45·2	2·06	4·4
25th	30·18	58	42	35	48·3	46·1	0·39	3·8
May 2nd	29·78	54	41	36	49·5	46·9	0·68	5·7
9th	29·99	61	43	35	49·8	47·8	0·29	7·9
16th	30·20	72	49	43	56·6	48·8	0·08	8·4
23rd	30·22	61	46	43	54·2	50·7	0·37	5·5
30th	30·23	62	47	43	55·3	51·2	—	4·1
June 6th	30·02	67	50	45	57·1	52·0	0·38	7·4
13th	30·17	63	51	47	56·7	52·9	0·23	5·9
20th	30·28	70	50	45	59·1	53·7	—	11·6
27th	30·04	72	55	52	61·7	54·9	0·56	4·7
July 4th	29·92	71	56	52	61·6	56·2	0·48	7·6
11th	30·09	75	58	51	64·4	57·2	0·20	9·1
18th	29·98	68	53	47	61·3	58·0	0·24	6·3
25th	30·18	75	56	50	63·1	58·1	0·03	6·4
Aug. 1st	29·87	67	54	50	61·6	58·9	0·40	4·9
8th	30·08	71	57	51	61·9	58·7	0·09	5·3
15th	29·83	69	57	53	62·6	58·8	0·65	3·5
22nd	30·14	79	54	45	62·5	59·0	—	11·1
29th	30·32	75	58	50	64·3	59·7	—	8·3
Sept. 5th	30·34	66	51	44	60·0	59·9	—	4·2
12th	30·23	77	54	43	60·2	59·3	—	7·8
19th	30·24	61	52	49	58·4	59·1	0·01	0·5
26th	30·08	65	52	44	57·5	58·4	0·01	4·2
Oct. 3rd	30·29	72	47	35	55·0	57·7	—	8·0
10th	30·12	69	49	41	55·4	57·1	—	5·3
17th	30·00	61	47	40	54·2	56·6	0·34	1·1
24th	29·96	58	48	42	53·0	55·9	0·74	3·4
31st	29·57	52	42	36	49·0	54·9	1·17	2·9
Nov. 7th	30·18	51	41	33	47·8	53·5	0·37	1·1
14th	29·53	45	36	28	43·5	52·0	1·79	2·4
21st	29·58	49	40	35	44·2	50·2	0·79	—
28th	29·89	51	44	36	46·7	49·6	1·06	1·6
Dec. 5th	29·42	45	37	30	42·8	49·2	0·46	0·7
12th	29·60	44	39	33	42·8	48·1	1·10	—
19th	29·69	48	39	32	42·5	47·4	1·04	1·1
26th	29·11	46	37	30	41·9	46·6	1·46	0·4

THE MISSING YEARS (1878-84)

By C. H. SHAW, M.D., D.P.H., D.P.A.
Deputy Medical Officer of Health

“ We will hereafter believe less history than ever, now that we have seen how it is made.”—Don Herold.

No Reports of the Medical Officer of Health have survived from the years 1878 to 1884, although brief summaries were printed for 1879, 1880 and 1881 under the name of Samson Morley who was appointed Chief Sanitary Inspector when Dr. Griffiths left. His successor, Dr. Thomas Whiteside Hime, took up duties in the New Year of 1879 at £300 per annum—half the salary offered Dr. Griffiths—though he was allowed to undertake some private practice. The Local Government Board did not approve of the terms of the appointment, particularly the condition that the M.O.H. was only to be engaged on an annual basis, and expressed displeasure by withholding their contribution to the cost of his salary. There is reason to believe that Dr. Hime prepared his reports assiduously each year but the Committee would not print them. The only definite evidence on this point shows that in 1883 a Sub-Committee was set up to examine the remainder of the manuscript of a half-printed Annual Report and ordered work on it to cease. Relations between the M.O.H. and the Authority were becoming strained and it can have come as no surprise when he decided to leave Sheffield and seek his fortune elsewhere.*

Infectious Diseases.—From 1877 onwards there had been a marked drop in deaths from “ fever ” and “ diarrhœa and dysentery,” although there were still years when the incidence of infantile diarrhœa was quite high. Apart from the continued fall in deaths from tuberculosis these were the only favourable trends. Compared with the preceding five years mortality from infectious disease showed little improvement. Scarlet fever caused many deaths in 1878, whooping cough in 1879 ; there was a high mortality from diarrhœa in 1880, and in 1881 there was a severe outbreak of measles. There was, however, considerable variation from year to year and 1882 was remarkably free from infectious disease of any kind. Unfortunately smallpox which had been lying low since the outbreak of 1871-72 reappeared in 1884, when there were 34 deaths.

Borough Hospital.—The Borough Hospital, Winter Street, was not planned to cure the sick but to prevent disease spreading through the town. Ironically, though the standard of medical attention seems to have been excellent, the public fought shy of the institution and it tended to be used only for the more serious infections.

* Dr. Hime was M.O.H. of Bradford until 1889.

Building operations began in 1879 but there were numerous delays and the hospital was not finished until the latter part of 1881, by which time it had cost some £20,000. An early installation was a telephone which enabled enquiries to be made about patients from the Central Police Offices. Dr. Benjamin Whitelegge was appointed as the first resident medical officer but patients who could afford it might be treated by their own doctor. The Borough Hospital Committee was entirely separate from the Health Committee and the Medical Officer of Health seems to have been consulted as little as possible, though his services were “thankfully accepted” when the resident doctor caught some illness shortly after his arrival. Hospital charges were ten shillings a week for adults and half-price for children ; children under three years were not admitted. An ambulance was provided without additional charge. A charge was made for all patients who were admitted—that was the rule,* but the Committee soon found they had little hope of recovering much money from the class of patients who were prepared to come into hospital. At the same time the Council repeatedly refused to come to an arrangement with the Guardians who, not unnaturally, were anxious to avoid treating infectious diseases in their own institutions. A number of soldiers’ families were admitted when there was an outbreak of scarlet fever in the barracks, but the hospital continued to run half empty until the smallpox epidemic of 1884, when some 213 cases were admitted and a previously unused block had to be opened.

Sometimes the M.O.H. found it necessary to apply to the Magistrates for compulsory powers of removal. Such a case was that of a child with smallpox who slept in the same bedroom as the four other members of the family ; it did so well in hospital that, when the next child fell ill, the mother brought it to the M.O.H. asking for it also to be admitted.

Infectious Disease in Schools.—One of Dr. Hime’s first jobs was to address a circular letter to schools in the Borough with regard to precautions to be taken in case of infectious disease. The M.O.H. also undertook to let the School Board know the infected localities so that children from those areas might be excluded from school. The School Board was resentful of suggestions to parents that might lead to children staying away from school with consequent loss of the Exchequer grant which was based on numbers attending. Indeed the M.O.H. and the School Board were apt to air their differences in public. There was a dispute over a child who had been sent back to school by the Board’s Inspector : Dr. Hime said the case was one of smallpox whereupon the Board produced a medical

* Until 1892.

opinion to refute this assertion. A squabble developed over the practice of sending children to make enquiries at the homes of absentees, the M.O.H. contending that there was often danger of infection. At one stage he offered to examine any child not yet considered fit to return to school after "dangerous infectious disease." No names were forthcoming.

Midwives.—The following extracts from reports to the Health Committee illustrate the responsibilities of the M.O.H. in dealing with midwives:

"Having ascertained that a midwife in the Park district had a case of puerperal fever under her care, I interviewed her and instructed her she must abstain from attending all confinements until her person and clothing has been thoroughly disinfected, and that otherwise she would incur a very serious responsibility in case of the disease spreading. With the consent of the Chairman of the Hospital Committee her things were disinfected in the Disinfector at the Borough Hospital."

"Several cases of a foul hereditary disorder* have been conveyed by a midwife. The midwife was well aware she was suffering from the disease and had been warned by a doctor to discontinue her business as midwife until cured but she wantonly disregarded his advice and continued to practice."

(The midwife was sentenced to 12 months' imprisonment for causing grievous bodily harm by communicating a contagious disease). The M.O.H. was instructed to report details of the case to the Local Government Board and state that in the opinion of the Health Committee it was desirable that some provision should be made by legislation for the efficient training and qualification of midwives.

Food and Drugs.—Jonathan Wood continued as food inspector until 1884 when, at the age of sixty, he was retired on pension. The food "seized" during the period under review included oranges, cherries, shrimps, crabs, mussels and herrings, but by far the commonest haul was bad or diseased meat. The variety of foods submitted to the public analyst was increasing. A sample of cayenne pepper, alleged to have been in stock ten years, contained red lead, and a muffin was found to be adulterated with sulphate of lime; "butterine"—a margarine-like product—was sometimes passed off as butter.

A five pound fine was imposed for selling "paregoric" entirely without opium, the danger of such a preparation being in the fact that parents might become accustomed to giving a young child large doses—with fatal results should a preparation of the correct strength be supplied.

* Presumably syphilis.

Water.—From time to time the M.O.H. ordered a polluted well to be closed. One woman said that she preferred to drink rain water from the roof as the well water gave her colic and diarrhœa ; chemical examination showed it to be unsatisfactory.

In 1879 the Water Company sold land adjacent to the Crookesmoor reservoirs for building. Almost immediately Dr. Hime was pointing out that there was a foul black deposit on the bank near the Misfortune Dam caused by a fractured sewer, and that “only recklessness could make an unprejudiced person disregard the dangers.” Despite the imminent risk of pollution the Local Government Board was not at all helpful in supporting the Corporation—but the Water Company no doubt realised this had been a false move which should not be repeated.

Canal Boats.—A sanitary inspector, appointed in 1879 to enforce the Canal Boats Act, reported nine months later that of 149 boats used for habitation all but four complied with the Regulations. The only prosecution referred to was in 1884 when an owner, who failed to keep the boat in a cleanly and habitable condition, refused to produce the registration papers.

Food Poisoning.—A newspaper account tells of a Whit-Monday picnic at Stainsboro’ Park with an unhappy sequel. The five members of the party who had eaten tinned tongue developed giddiness, vomiting and diarrhœa some two hours later.* The G.P. attributed the violent symptoms to overeating.

“Sanitation.”—Sheffield was a privy midden town—there were less than four thousand water closets. It was usual for each midden to have 2—4 privies discharging into it but in some of the older parts of the town the pits were of great size with 8, 10 or even 12 privies in connection with them. As a rule each privy served two houses.

Numerous efforts had been made to persuade householders to keep rubbish out of these ashpits, but middens continued to be used as receptacles for house slops and refuse of every description. As the midden pit was rarely watertight the subsoil became charged with excremental filth. In some cases, with a view to keeping the contents dry, they had been connected with the sewers, a small soakage pit being interposed to reduce the amount of solid matter going into the sewers.

Cleansing.—The system adopted for the emptying of privy middens was unsatisfactory. Unless things had got in such a state that the matter had been reported by the Sanitary Inspector, nothing was done until the occupier of the house got in touch with the Health Office.

* A history suggestive of staphylococcal food poisoning.

Scavenging was carried out between the hours of 2.0 a.m. and 9.30 a.m., the nightmen being divided into two gangs ; the carters and those emptying the middens. The excrement, ashes and other refuse contained in the middens was shovelled out and deposited on the ground of the yard or court. From thence the material was carried in wheelbarrows or buckets and deposited, this time, on the street. In order to avoid delay to the cart men, the men who emptied the middens worked in advance of the carts, with the result that the putrid heaps often remained for a period of 1-2 hours or even more. Sometimes when the carts did not arrive the material had to be shovelled back into the midden and the same performance gone through at the next opportunity. The contents of each midden were removed on an average once in two or three months but in the more crowded parts of the town removals were a good deal more frequent.

The disposal of nightsoil was a constant problem, particularly when the Attercliffe tip had to be abandoned. Land was taken over at Manor Wood but when the weather was bad carts could not get through. Most of the receipts from the sale of nightsoil to farmers were swallowed up by the railway freight charges, but the saving lay in the fact that two or three loads could be conveyed to the sidings while one was being carted to the new tip.

Street cleansing also had its problems. The success of an india-rubber scraper, introduced in Dr. Griffiths' time for dealing with footpaths, was so conspicuous that its use had to be abandoned owing to criticism from those parts of the town not served !

Drainage.—The events of greatest importance to the public health lay outside the ambit of the Health Committee. The existing sewers had not been laid to form any regular system but merely served limited districts. Large sewers with steep gradients would run into sewers of smaller capacity causing flooding of cellars ; some sewers had been formed out of natural watercourses which had simply been covered in. The Highway Committee set up a Sewage Sub-Committee which in 1883 reported the need to relay the system, reconstructing all sewers with loose sides and flat bottoms, and also provide for the treatment of sewage by precipitation and filtration. The scheme was approved by the Local Government Board following a local enquiry, the Blackburn Meadows sewage works being completed in 1886.

Nuisances.—There were smells arising from offensive trades and smells created by manufacturers who chose to store drainage water from sewers in order to operate their boilers. The Sheffield United Gas Light Company's chemical works at Grimesthorpe caused trouble from time

to time and, provoked by the emission of sulphurous fumes, the Council complained to the Local Government Board under the Alkali, etc., Works Regulation Act, 1881.

Undedicated roads were badly drained and often a source of nuisance ; at one stage a report came through that Walkley Crescent Road was half-submerged, a flock of ducks having taken possession. Another complaint was about fowls kept in a room above a bakehouse, there being a communicating trap door.

Public Mortuary.—In 1883 a “ dead house ” was built in Plum Lane* so as to avoid having to lodge bodies in buildings such as public houses ; a Coroner’s Jury room was provided on the first floor. On completion the mortuary was handed over to the Watch Committee.

Staffing.—Office hours were 9 a.m.—6 p.m. (Sat. 9—2 p.m.) ; sanitary inspectors were expected to be in the office 9—10 a.m. and also for an hour in the evening. There were nine days’ holiday a year. Mr. Morley as Chief Sanitary Inspector was in a privileged position and allowed an extra day ; from 1881 he was provided with a horse and trap “ to enable him more readily to discharge his duties in various parts of the Borough.”

At the Health Offices (Tudor Place) there were three clerks, four district sanitary inspectors, a food inspector, a smoke inspector and a collector/agent for the disposal of night soil. The “ book-keeper”—Herbert Cotton, who came to the department in 1866—was sacked for misconduct but the Committee relented and he was given back his job. Dr. Hime left in 1883 and was replaced by Dr. Vincent Whitgreave who was also appointed on an annual basis. For reasons which are not entirely clear Dr. Whitgreave’s period of service was not extended, although he remained until his successor, Dr. Sinclair White, took up office in March, 1885.

Tail-piece.—Our present journey has come to an end ; indeed the final stages may be thought uneventful. Most of what we have seen has been linked with environmental hygiene. The fever hospital provided a “ personal ” service but even this was originally conceived solely as a means of preventing the spread of disease among the general community. Compared with 1843 there had been a gradual, uneven, but nevertheless very real, improvement in both the health of the town and the living conditions of its people. Many new horizons lay ahead but at the end of 1884 we could have scarcely conceived their nature. Those who might wish to make these discoveries for themselves can find a wealth of exciting material in the Reports published each year by successive Medical Officers of Health.†

* Remnants of the building survive as a Cleansing Centre.

† Reports of the Medical Officer of Health, 1885-1915 and 1921-1959, are available in the Central Library Department of Local History and Archives ; statistical summaries cover the intervening years.